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y	4	-	C

	Javo Item	lb FIImG246	9-11-59 et		Re	g. Dist. No	D.
a. COUNTY PRINCE	GEORGES	MARYLAND	2. USUAL RESIDENCE (WE o. STATE VIRGINI	nere deceased live	L COUNTY	Residence bef	ore admission)
B. CITY OR TOWN RURAL and give CAMP SP		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF &	outside corporate	limits, write RURAL	L ond give ne	earest tawn)
OR INSTITUTION	PITAL (If nat in hospital, give stree N TAL ANDREWS AAF		d. STREET ADDRESS RT 5 BOX 32	27C			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle K ANDER	SON	4. DATE OF DEATH	Month AUG	21	oy Year 19 59
S. SEX	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	9. A		INDER 1 YEAR	Hours Min
	TION (Give kind af wark done 10b orking life, even if retired)	NA	11. BIRTHPLACE (State	or foreign countr	Texas	12.CITIZEN O	F WHAT COUNTR
3. FATHER'S NAME	William Finas	Glass	14. MOTHER'S MAIDEN I	NAME TO NIK /	Cathry	n Lead	ch
IS. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16 (If yes, give was as deles of service)	one VAX	NFORMANT	MA "S	Address ee:Parag	raph :	14"
PART I. D		line far (a), (b), ond (c).] RONCHOPNEUMONIA					TERVAL BETWEEN ISET AND DEATH
Conditions, if gove rise to cause (a), stotin lying cause los	immediate DUE TO	ARCINOMATOSIS PR	RIMARY LUNG				6 mos.
	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	INDITION GIVEN I	N PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II o	of item 18.)		
20c. TIME OF INJ Hour o. m	n. While	e Nat while fac	ACE OF INJURY (Hame, form tary, street, affice bldg., etc		rown)	(County) (Sto
21. I certify alive an	that I attended the decea Aug 21 , 19	sed fram Aug 5		M, fram the ADDRESS (Street,	causes and o	n the dat	e stated abay
PHYSICIAN'S NAME (Type)I	TURRAY P SHEVICK	CAPT USAF(MC)	USAF HOSP	ANDREWS	AAFB WAS	SH 25 I	D.C.
220. BURIAL, CREMAT REMOVAL (Speci Burial		22c. NAME OF CEMETERY O			(City, town, or co		(Stote)
Michael J		di Funeral Home	Inc. DATE AND	D BY REGISTRAR	24b. REGISTRA		

erol director, be filed with Page 4 TO HOSPITAL OR A bing PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furn page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 1SM 9/SB

THE RESERVE OF COLUMN TWO IS AND THE DATE. State of the state Annual Company of the THE RESIDENCE OF AND SECURED SOUTH ASSESSMENT OF THE SECURED SECURITION OF THE SECUR ADDITION OF THE PROPERTY OF THE PARTY OF THE Land Company C

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If ony delay is necessary, cute the certifical citing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. For worded to the fifth of Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

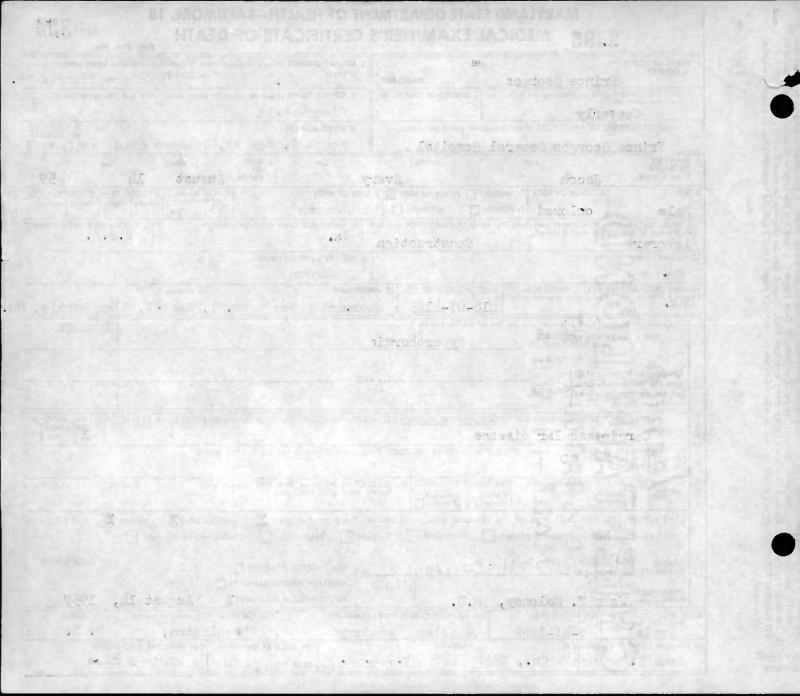
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.

or removol. VS. A15ME(5) 5M 9/55

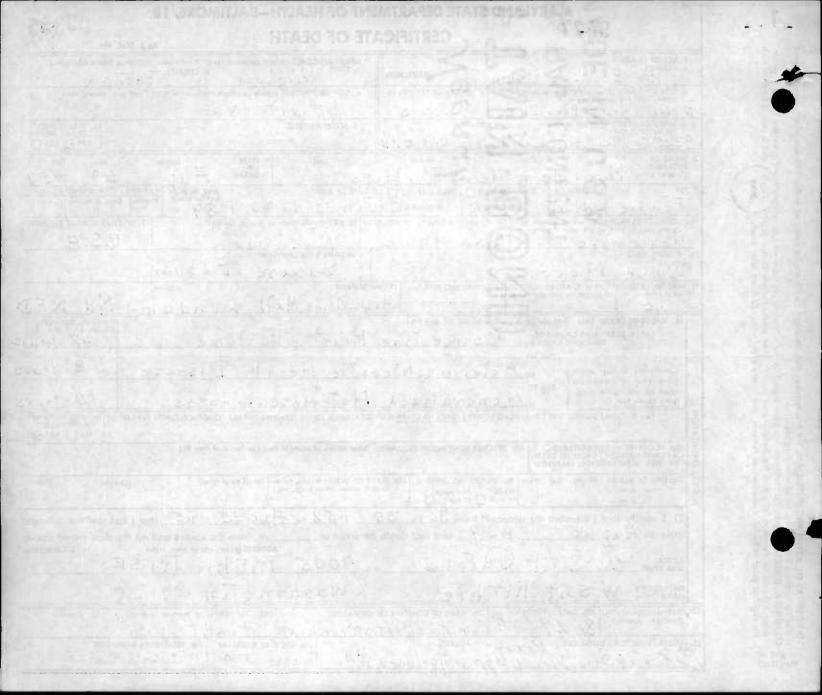
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9395

	()	-
 Dist	Ma	

-										N.	39. Dist. 1	40.	
	PLACE OF DEATH	Prince Geor	rges	MARY	LAND	2. USUAL RE o. STATE	SIDENCE (V		sed lived. If in b. COL		Residence l	11	
1		If outside corporate limits, w		c. LENGTH OF STAY	tN lb	c CITY OI			porate limits, w				9
	and give nearest tow	n)							porore imais, w	1110	, and give	11001031	J,
\vdash		verly	45 . 2				Hurr	116		-	OXX	100	DECIDENCE.
	I. NAME OF HOSPI	IAL OK INSTITUTION	(If not in	hospital, give street address	s)	d. STREET	751	2302					RESIDENCE A FARM?
	Prince	Georges G	enera	1 Hospital		Rout	e 1,	Box 9	1, Spen	cer	Road	YES [] NO []
3.	NAME OF DECEASED	F	irst	Middle		La	t	4. DATE	M	onth	Do	у	Year
	(Type or print)	Jacob			Aver	V		DEATH	August	,	714		1959
5. 5	SEX	6. COLOR OR RACE	7. MAF	RIED NEVER MARRIED		PATE OF BIRTI	+		9. AGE (In year		NDER TYEA		DER 24 HRS.
	Male	colored	WIDOV			Unkno	own		55 y	rs. Moi	nihs Days	Hours	Min.
10c	USUAL OCCUPATI	ON Give kind of work	done 10t	. KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPI	ACE (Stote	or foreign	country)	1:			COUNTRY?
	Laborer	ng life, even if retired		Construct	ion	Va.					U.S	.A.	
13.	FATHER'S NAME					4. MOTHER'S	MAIDEN I	NAME					
	Unknown					Unki	nown						
15.	WAS DECEASED EN	ER IN U. S. ARMED FO	ORCES? 1	6. SOCIAL SECURITY NO.	17. INF	ORMANT			Add	ness		-	
J ^v)	inke	(If yes, give war or dates o		418-07-4165		Edwa.rd	Tibb:	s Rt			, Gle	n Bu	rnie, l
	18. CAUSE OF DEA	ATH Enter only one co	use per li	ne for (o), (b), ond (c).]							IN	TERVAL BETV	VEEN
		TH WAS CAUSED BY:			o trees						Of	NSET AND D	EATH
	7000	IMMEDIATE CAUSE (Hyperthe	THLE								
	10000	DUE TO											
	Conditions, if a		2			SILIEL							
	(o), stoting the												
	couse lost.) (
Z	PART II. OT	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERM	MAL DISEAS	E CONDITION	GIVEN II	PART 1(o)	19. WAS	AUTOPSY
CATION	Card	iovascular	dise	ase			18.5					YES	NO [
CERTIFI	20g. EXTERNAL CA PRIMARY Tor CO CAUSE OF DEATH.	USE WAS INTRIBUTING []	POb. DESCI	RIBE HOW INJURY OCCUR	RED. (Ent	er noture of i	njury in Por	t t or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJU			I. INJURY OCCURRED 20	e. PLACE	OF INJURY (Home, form	20f. (City	y or town)	N. I	(County)		(Stote)
ME	p. m.		of	work of work									
	21. I certify t	hat I took charg	e of the	e remains described	above	e, held an	Autops	у 💢 , І	nspection [X. Ir	quiry Z	, and	find that
	death resulted	from: Natural	causes	, Accident ,	Suici	de [], F	Iomicide	T, U	ndetermine	d cause	e [].		
	\cap			1		103		17.10					
١.,	ACTUAL	M >	MA	alonger		M.D. CHIEF A	AEDICAL EX	AMINER _				DATE	SIGNED
	SIGNATURE	Thank	111	and the contract		m.b.		AL EXAMINE					
	EXAMINER'S V	ohn T. Mal	onev.	M.D.				EXAMINER [igust	14.	195	9
220	BURIAL CREMATIC	ON. 22b. DATE THERE		22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, tow	n, or cou	unty)	(Sto	te)
	REMOVAL (Specify Burial	8-21-1	959	Woodlawn	Ceme	terv		We	shingto	n.		D. C	
23.	FUNERAL DIRECTOR			ADDRESS	Johns		24a. REC'	D BY REGIS			R'S SIGNAT		
	John T. I	Rhines & Co	3	015 12th St.	N.	E.	DATE S	UG 2 4	59	Call	7 8. th	404	
-	O OTHER TO I						DAIL	10 4 4	33	C1101240	7 20. 101		



		CERTIFICATE OF DEATH Reg. Dist. No.
		PLACE OF DEATH a. COUNTY GEORGES COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY D. COUNTY
	17	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) LIVER SCAT Pleasant 2 YEARS 16 STLLAYT VAL
X	~	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7325 CERT FOR FACE. Land Over Ma RFD / YES D NO
	3.	NAME OF DECEASED (Type or print) Max & Jean of The Baliles (Type or print) Max & Jean of The Baliles (Type or print) Aug 25 1939
	· ·	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Temale White WIDOWED DIVORCED Jan 30 1870 89 yrs. 15 United Widowed Divorced Jan 30 1870 89 yrs.
	L	USUAL OCCUPATION (Give kind of work dane dyring most of working life, even if retired) No. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) No. S. A. S. Wille William And State of William And State of State or foreign country) No. S. A. S. A. S. S. A. S. S. A. S.
	13.	Dave Morrison Susare Elgin
	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO or unknown) I yes give wor or dates of service) NO RESERVE MARKET
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH HEART Failure INTERVAL BETWEEN ONSET AND DEATH HEART FAILURE
		Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. (b) Hyterio schlerotic Heart Disease & Year Disease (b) Hyterio schlerotic Heart Disease (couse (o), stoting the under lying couse lost. (c) Generalized Hyterioschlerosis (c) Generalized Hyterioschlerosis (d)
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO W
	CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work o
		21. I certify that I attended the deceased from Jan 30, 1958, to Aug 35, 1959, that I last saw the deceased alive an Aug 35, and that death accurred at M, from the causes and an the date stated above
/		ACTUAL SIGNATURE W. Suit Pitchie M.D. 7005 Trichie Rd SE
		PHYSICIAN'S W. Suit Ritchie Washington 27 Dig
		VEURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) FAIR Stone BAPTISTChurch Cem. STUART Va.
	23.	FUNERAL DIRECTOR'S SIGNATURE LANGUE ADDRESS Petchie Bras Research Upper MAI- boro, Md. DATE SEP 3 159 Orthun & Known



09356

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO W Roas Manth Year Day 19 59 13 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days 12. CITIZEN OF WHAT COUNTRY? West Providence Township.s.A. Address INTERVAL SETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) Ithat I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) Bedford County. 24b. REGISTRAR'S SIGNATURE

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Many Lord Collage Collage and the second of the land The Land of the 2007 of the Land of the Continue of the Contin A P. Single and T. Campberger L. Jenk by half good all milita Fernic La Frank Frank Dradony Lot Frendil

Harry Control of the Control of the

207/7204 XU2

09357

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	2000							Keg. Dis	T. 140.	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (WI	here decease				imissian)
	Prince Ge	orge	MARY	LAND	Mary	land	o. copp	nee Ge	orge	
	I (If autside carporate		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	autside carpo				tawn)
RURAL and give	A1. A		20 hr		15 Hyret	tsvill				
d. NAME OF HOS	Cheverly PITAL (If not in hospit	al, give street			d. STREET ADDRESS	00111			le. IS	RESIDENCE
OR INSTITUTION	Α	- 1	294 275	()		44 amu.	CT.		0	N A FARM?
	Prince Ge	_	ounty Hesp.		7550 Haw	7	9 50 6		16:	S NO
3. NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Ma		Day	Year
(Type ar print)	Baby	Girl			Bell	DEATH	-	lug.	14	1959
5. SEX	6. COLOR OR RA	CE 7. MAR	RIED NEVER MARRI	ED 🔂 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	YEAR IF U	NDER 24 HR
W mele	White	WIDOW	ED DIVORCE	D	Aug. 13195	9	yrs		Days Hg	Min.
Oa. USUAL OCCUPA	TION (Give kind of w	ark dane 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. 8IRTHPLACE (State		country)	12. CITIZ	EN OF WH	AT COUNTRY
during most af w	arking life, even if re	rired)			Marvlan	a			U.S.A	
3. FATHER'S NAME					14. MOTHER'S MAIDEN I				0.00.2	
J. TATTIER S TYANE						-				
		Bell			Helen D	. Whi	**			
5. WAS DECEASED E	VER IN U. S. ARMED [(If yes, give war or date		SOCIAL SECURITY NO). IN	FORMANT		Add	dress		
			-	_						
Tie CAUSE OF D	EATH Feter cely ce	e cause per li	ne_far (a), (b), and (c).	10	Λ				LINITERVA	L BETWEEN
			ne for (a), (b), and (c).	9	1				ONSET A	ND DEATH
PAKI I. D	EATH WAS CAUSED IMMEDIATE CAUSED		Frinal	un	My					
776	× DUI	E TO			/					
Canditians, if	may which \									
gave rise ta	immediate	(b)								
cause (a), statin	g me under-	E TO								
lying cause las	<u>t.</u>	(c)								
PART II. C	THER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DE	ATH BUT N	IOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPS
<										REFORMED?
PART II. CO PART II. CO PART III. CO PART II	WAS UNDERLYING	20h DES	CRISE HOW INTURY O	CCUPPED	(Enter nature of injury in	Part Lar Par	rt II of item 18)			
OR CONTRIBUTION	IG CAUSE OF DEA	ATH	CKIGE HOW HAJORI O	CCORRED.	(Emer natore at injury in	Tun Tun Tu	ir ii di iiciii io.,			
	FY MEDICAL EXAMIN	ER)								
	URY Manth, Day,		NJURY OCCURRED		CE OF INJURY (Hame, farm		y ar tawn)	(C	aunty)	(State
Haur a. m		19 While		racio	ary, street, affice bldg., etc)				
					# n	1	T			
21. I certify	that I attended	the deceas	sed from	g, 13	, 19 59 to	Aug.	14 , 1958	that I las	it saw th	e decease
alive an	Aug. I3	1 19	59 and that	death	accurred at 12:15	AM from	the course of	nd on the	dote sto	sted abov
anno an			The state of the s	acam	accorred di		itreet, city ar tawn			DATE SIGNI
ACTUAL	1 -6	A				MDDKESS (nrout, city at takin	, sidie,		
SIGNATURE	47 14	1	hos	M	.D					
PHYSICIAN'S	1	-								
NAME (Type)	Dr. Joh	n Keho	M. D.							
2a. BURIAL, CRIMA		REOF	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, tawn,	ar caunty)		(State)
cremation	(y) 8/25	/59	4		's General H					
3. PUNERAL DIRECTO		1 /	ADDRESS		1	1 .		ISTRAR'S SIG		
3. JUNEKAL DIKECTO	JK YSJUNAIUKE		Harry W P	enn,	Jr. 240. REC	D 8Y REGIS	TRAR 24b. REG	ISTRAK S SIG	NATURE	
MAN	M VCa	1.	Administr		DATE ST	EP 2 15	59 a	Thur &	House	

of Electrical Assessment CR -Petros Jenne Corret West, F. 1 Herthorne at 15. brailerole : . . . along the walls the second second second have been been as the property of the property All as morning about any and the second and the second and the second second

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9399

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY P	ince Geor	·bes	MARYLAND	2. USUAL RESIDENCE o. STATE Mary		ed. If institution b. COUNTY		-
	b. CITY OR TOWN (If RURAL and give new Cheverly	orest tawn)		of STAY IN 16 hours	c. CITY OR TOWN	(If autside carporate	limits, write RL	JRAL and give ne	arest tawn)
	d. NAME OF HOSPITA OR INSTITUTION Prince		ral Hospite	1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO.
3.	NAME OF DECEASED (Type ar print)	Fir Bal		Middle	Bell Lost	4. DATE OF DEATH	Augus		
5.	Female	6. COLOR OR RACE	7. MARRIED NEVE	R MARRIED A 8.	DATE OF BIRTH	1959	AGE (In years last birthday) yrs.	Manths Days	IF UNDER 24 HRS.
	during most of worki	N (Give kind of work ing life, even if retired	dane 10b. KIND OF 8US	SINESS OR INDUST	Mar	yland	ry)		d States
		rles E. Me		DIA VEIG	Mart		Addro		
		IN U. S. AKMED FOR If yes, give war or dates of s	RCES? 16. SOCIAL SECU		other		Addre	ess	
CERTIFICATION	Canditians, if an gove rise ta in couse (a), stoting the lying couse lost.	he <u>under-</u>))	G TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEASE CO	ONDITION GIVI	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIBE HOW II	NJURY OCCURRED.	(Enter nature of injury	in Part I or Part II	af item 18.)		
MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.	Month, Day, Ye	ar 20d. INJURY OCCUP While Nat whi ot work at work	le facto	CE OF INJURY (Home, ary, street, affice bldg.,		town)	(County)	(State)
220	ACTUAL SIGNATURE	op John Ke	n Ke		accurred at 11:	15R, from the ADDRESS (Street Verdale R	causes and	d an the date state) erdale:	e stated above. DATE SIGNED
	remation FUNERAL DIRECTOR'S	1 8/25/59		e George'	s General	Hospital,	7		

a de Page 2 model of the Section Section to hone a med of Terror Terror Description of the Section of the Sec Intell gonde Description Barriero Less militarille adden . d selection Carlotte. many and the same that there is the face of the decrease of AND Extenses to the state of the same of t

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

09359

1		CERTIFICA	IL OI DEATH		Reg. Dist. No.
1	PLACE OF DEATH O. COUNTY Prince Clerry	MARYLAND MARYLAND	S. Carolin	b. COUNTY	eenwood
1.	b. CITY OR TOWN (If outside corporate limits, write) RURAL and give nearest town) AUTHOR OF HOSPITAL III nat in haspital, give street as	c. LENGTH OF STAY IN 16	Green	side corporate limits, write RUI	77×-3
4	1731 Brookfield	On.	Route 2 B	7×142-A.	e. IS RESIDENCE ON A FARM? YES 1 NO
	NAME OF DECEASED FLIZABETH	ALBERTA	BELL	4. DATE OF DEATH AUG	· 8 1959
100	emale Can. WIDOWED	DIVORCED [San 19, 19	od lost birthdoy) 59 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	during most of working life, eyn if retired) FATHER'S NAME	AT Home	TRY 11. BIRTHPLACE (Stole of	1 S. Car.	12. CITIZEN OF WHAT COUNTRY
	unknoum-	OCIAL SECURITY NO. 17. IN	work	nown	- 0 61
(Ye:	(If yes, give wor or dates of service)	none E	Corne P.	arnold. F	redbury Pt. m.
	18. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).] ARCINON	A OF LI	VER	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)				1 MONT
z	couse (a), stoting the <u>under.</u> DUE TO Using couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO	NITBIBLITING TO DEATH BUT	NOT BELATED TO THE TERMIN	AL DISSASE COMBITION CIVE	THE PART IS NOT THE PART AUTORS
CERTIFICATION	200 ACCIDENT WAS HINDERLYING TI 206 DESCR		O. (Enter noture of injury in Po		PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CE OF INJURY (Home, form,		15
MEDICAL	Hour o. m. 19 While at work	Not while foc	tory, street, affice bldg., etc.)	Zor. (City or town)	(County) (Stole)
	21. I certify that I attended the deceased alive on \$18			M, from the causes an	that I last saw the deceased an the date stated above
	ACTUAL SIGNATURE	Valera.	A.D. 4833 4	DDRESS (Street, city or town, store)	nd. P/8/5
		OLEGA		4414.21-1	s. e.
6	Jurial 8-10-59	225 NAME OF CEMETERY OF CEDAN THE	CREMATORY 2	Suiterny	couply) anylond
23.	FUNERAL DIRECTOR'S SIGNATURE	Washington	10.8 240. REC'D	BY REGISTRAR 24b. REGISTI	RAR'S SIGNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after det TO HOSPITAL OR A

VS A15 (4) 15M 10/57

TO HOSPITAL OR A JDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dec TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample? In the formal page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon VS A15 (4) 15M 9/55

9385

eguirar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

090

				Kað.	DIST. 140.
1. PLACE OF DEATH o. COUNTY PR	INCE GEORG	ES MARYLAND	2. USUAL RESIDENCE (WI	D. C. b. COUNTY	idence before admission) Ince /George
HYATTISV	outside corporate limits,	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporote limits, write RURAL o	7/X
d. NAME OF HOSPIT OR INSTITUTION	Carroll Ma	e street address) RNOT	d. STREET ADDRESS /4922//LaSt	108 Tennessee Av	
3. NAME OF DECEASED (Type or print)	AMY	Middle	BICKERTON	4. DATE Month OF DEATH AUG. 1(0, 1959 19
5. SEX FEMALE	WHITE	MARRIED NEVER MARRIED NOT NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/13/1885	74 yrs. Month	DER 1 YEAR IF UNDER 24 HRS.
EXAMINER	ON (Give kind of work donking life, even if retired)	U. S. GOV T		or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
JOHN A,	BICKERTON		14. MOTHER'S MAIDEN N		
	R IN U. S. ARMED FORCE [If yes, give war or dates of servi	cel	NFORMANT 1. J.Brown,	7221 Barnett Rd	.,Bethesda,M
PART I. DEA	ATH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	- Voseu	· las	INTERVAL BETWEEN
Conditions, if an gove rise to in couse (o), stoting lying couse lost.	mmediate (dixer			
5 / Would re	HER SIGNIFICANT, COMDIT	DONS CONTRIBUTING TO DEATH BUT 195, TWO BUT DESCRIBE HOW INJURY OCCURRE	of test to	RAL DISEASE CONDITION GIVEN IN P	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o. 11.	Y Month, Day, Year	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I certify the alive on	at attended the d	1952, and that death		M, fram the causes and an	I last saw the deceased the date stated above. PATE GIGNED
	J. CHESTER	22c. NAME OF CEMETERY O		AVE., N.W., WAS	
BURYAL (Specify) 3. FUNERAL DIRECTOR'S	8/13/59	GATE OF HEA	VEN CEM.	22d. LOCATION (City, town, or county SILVER SPRING	, MD.
rocal Plan	1 . / 7!	756 Pa. Ave., N.	W. DC 240. AUG	PRY REGISTRAR 24b. REGISTRAR'S	

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	CALL STATE OF BUILD		S MITTER A. DERTA B
N.J.C. BERT			
.or .or .			

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09361

9386 Reg. Dist. No.

1. P	PLACE OF DEATH			AA A G	RYLAND	2. USUAL RESIDENCE (Where decease	d lived. If instituti b. COUNTY	on: Resider	nce before o	idmission)
	Prince					1101	grana		rrn	100	corge
b	 CITY OR TOWN (I RURAL and give ne 	f outside corporate limits, carest town)	write c.	LENGTH OF STA	Y IN 1b	c. CITY OR JOWN	If outside corpo	rote limits, write R	URAL ond	give nearest	town)
	Hyatts	ville		1 vr. 3	mo.	W.1-4401	45011	1e 15			
(OR INSTITUTION	AL (If not in hospital, give	e street odd	ress)		d. STREET ADDRESS	mis	Road			S RESIDENCE
	8910 F	liggs Road				8710 1	97	1) 64 4		Y	ES NO
1	NAME OF DECEASED Type or print)	First	2	Middl		Lost	4. DATE OF DEATH	Mor		Day	Year
		Mother Mar					DEATH	Augu		30	1959
5. S		6. COLOR OR RACE 7				8. DATE OF BIRTH		9. AGE (In years last birthdoy)	Months		UNDER 24 HRS.
_	Female	4777.00	VIDOWED [9-12-1914		44 yrs.			
100.	USUAL OCCUPATION during most of work	ON (Give kind of work do: king life, even if retired)	ne 10b. KIN	ID OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (SIG	ote or foreign o	ountry)	12. CI	TIZEN OF V	VHAT COUNTRY?
	Teaching		Te	eaching		New Yo	rk		U	.S.A.	
13. (FATHER'S NAME					14. MOTHER'S MAIDE	NAME				
1	Patrick Bi	ggins				Catherin	e Lynch				
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE		CIAL SECURITY N		NFORMANT			ress	. 11	1 1
[Yes,	No.	(If yes, give war or dates of servi	ice)		Mes	ther Mary	2010-1	8910 134	45 PKL	, 4401	t-8011/0,4
	18. CAUSE OF DEA	TH [Enter only one cous	e per line fo	or (a). (b). and (a	:).]		1				AL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:	Com	1 12 mases	of	The Bi	ess t	6		ONSET	AND DEATH
	170	DUE TO	<u> </u>	TIGITICS						1	TIEDIS
	110			2000		ind n	10/-	1-25		1	7
	Conditions, if or		7	tener	ay	200 11	cras	19217			
	couse (a), stoting										
	lying couse lost.) (c)_									
No.	PART II. OTH	IER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19. V	VAS AUTOPSY ERFORMED?
3		/	Lon	2							S NO P
Ĕ	20a. ACCIDENT WA	S UNDERLYING 20	0b. DESCRIB	E HOW INJURY	OCCURRE	D. (Enter noture of injury	in Port I or Por	t If of item 18.)			
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
7	20c. TIME OF INJUR		304 INIIII	RY OCCURRED	20e P1/	ACE OF INJURY (Home, fo	206 (City	os tawal		C	(Stote)
					foc	ctory, street, affice bldg.,	atc) I	or lawn)	- (-	County)	(21016)
ă	Hour o.m.	10	While	Nat while		ciory, sireer, dirice bidg.,	uic.)				
MEDIC	Hour o.m. p.m.	19	of work	of work		ciory, sireer, dirice bidg.,	vic.j				
MEDIC	p. m.		of work	of work		, 19.5 £, ta_		19.5	that 1	last saw	the deceased
MEDIC	p. m.	at 1 attended the d	of work	from Jun	10	, 19.5 £, ta_	Aug.				
MEDIC	p. m. 21. I certify th		of work [from Jun	10	<i>F0</i>	Aug.	n the causes	and an t		
MEDIC	21. I certify the alive an		of work [from Jun	10	, 19.5 £, ta_	Aug.		and an t		
MEDIC	21. I certify the alive an_		of work [from Jun	10	, 19.5 £, ta_	Aug.	n the causes	and an t		
MEDIC	21. I certify the alive an		of work [from Jun	10	, 19.5 £, ta_	Aug.	n the causes	and an t		
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	at I attended the d	leceased 195	from Jun from Jun , and the	at death	1958, to accurred at 3.70	Programmes (S	n the causes of treet, city or town.	and an t		stated abave. DATE SIGNED
	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the d	leceased, 19 5	from Jun	at death	1958, to accurred at 3.70	ADDRESS (S	n the causes	and an t		

TO HOSPITAL OR VS A15 (4) 1SM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09362

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY IIt.ah Prince Georges MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) D-O-A. Brigham City Riverdale d. NAME OF HOSPITAL OR INSTITUTION, Uf not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Ieland Memorial H spital 343 North 2nd West YES NO 3. NAME OF 4. DATE Middle Month Day Year DECEASED GRant. 59 Alonzo Black DEATH August 13, (Type or print) 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX. Manths 72 yrs. 11-2-86 Male white WIDOWED | DIVORCED T 10a. DSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Heating engineer Arizona U.S.A. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Black Maxwell. Grant. Lucrecia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 528-05-4007 Ruth R. Bilek: same address as # 2. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Canditions, if any, which gave rise to immediate cause DUE TO (a), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO Y YES 🗍 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Nat while o. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection X Inquiry IX. and find that death resulted from: Natural causes M., Accident M., Suicide M., Homicide M., Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S 1959 NAME (Type John T. Malonev. M.D. DEPUTY MEDICAL EXAMINER August 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Transportation 8/13/59 Utah Brigham City ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 7 '59 Orthur S. Krous Hvattsville, Md. Gasch's Sons

VS. A15ME(5)

AND AND CALERAN MINERY CERTIFICATE OF DEATH OF STATE OF S

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the attending physician and campletely filled Then please remave carbon papers. Pages 1

within 72 hours ofter death.

requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07.04

09364

Dist. No.

Colmar Manor, Md.

240. REC'D BY REGISTRAR

AUG 1 2 '59

24b. REGISTRAR'S SIGNATURE

Civiling S. Kraus

	2401		CERTIFI	CAIL	OF DEAT	H		Reg. D	ist. No		OOX
1. PLACE OF DEATH	ce Georges		MARYLA		USUAL RESIDENCE (W. STATE Mary)		d lived. If instituti b. COUNTY	on: Reside	ence befo	eorg	sion)
RURAL and give n	rdale		c. LENGTH OF STAY IN	16 ×	c. CITY OR TOWN (IF		orate limits, write R	URAL ond	give ne	orest low	n)
d. NAME OF HOSPI OR INSTITUTION Eugen	TAL (If not in hospitol.) e Leland Me	give street o	oddress) 11 Hospital	1	d. STREET ADDRESS 6400	Teleg	raph Rd.			ON A	SIDENCE A FARM? NO ST
3. NAME OF DECEASED (Type or print)	Fi Hatti	nst i e	Middle Trene	Bote	last	4. DATE OF DEATH	Mon		10	,	Yeor 19 59
female	6. COLOR OR RACE	1	ED NEVER MARRIED	□ 8. DA	11-9-80		9. AGE (In years lost birthdoy) 78 yrs.				ER 24 HRS.
100. USUAL OCCUPATION	king life, even if retired	done 10b. 1	own home	NDUSTRY	11. BIRTHPLACE (Slove Washing				U.S.	F WHAT	COUNTRY
)3. FATHER'S NAME Wal	ker, George	Nobl	Le	14	. MOTHER'S MAIDEN		nevia				1 .
IS. WAS DECEASED EVE		CES? 16. 5		17. INFOR	mant ert Botele	r W	ashingto		c.	12/2	^
	mmediate (o for (a), (b), and (c).]	or a	eller	Thr.	Aller,	Ffe.	INTI	ERVAL BI	TWEEN DEATH
PART II. OTH			ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	NNAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (En	iter noture of injury in	Part I or Par	rt II of item 18.)				**
20c. TIME OF INJUS Hour o. m. p. m.	RY Manth, Day, Ye	20d. IN While at work	Not while	foctory,	DF INJURY (Home, fare street, office bldg., et	n, 20f. (Cit	y or lown)		(County)		(State)
21. I certify the alive on Constitute SIGNATURE PHYSICIAN'S	g wm	195	, and that de	M.D.	Augu	ADDRESS (S	itreet, city or town. 1959	and an	the da	te stat	
NAME (Type)	L. W. Mal:				404 Queens						
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETE			ZZd. LOCA	TION (City, tawn,	or county)		(Sto	ie)

Fort Lincoln Cmetery

ADDRESS

Hyattsville, Md.

may be retained by the haspital or VS A15 (4) 15M 9/55

page 3 shauld be detached far use

the registror prior

Burial

23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

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THE RYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IS

TO DEPUTY MEDIC. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne clease execute the certificate willing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5) 5M 9/55 9479 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09365

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Prince Geor	ges	MARY	AND	2. USUAL RES	Mary.		lived. If institu	-	ince bef		ssion)
	b. CITY OR TOWN (If and give nearest town)	autside corporate limits, write RL	JRAL	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (I	f outside corpo	ote limits, write	RURAL and	give n	earest to	vn)
L	Rogers	Heights		21 days	3	X Ro	gers	Height	8				
1	d. NAME OF HOSPITA	n Place	ot in hosp	ital, give street oddress)	/d. STREET /		van P ₁ a	ce			ON	SIDENCE A FARM? NO X
3	NAME OF DECEASED (Type or print)	Carl.	Hun	Middle tington	Broo	losi edel		4. DATE OF DEATH	Month	13	Day	Y.	9 59
5	. sex Male			NEVER MARRIED			2-08	9.	AGE (In years last birthday)	IF UNDER	9		
14	during most of working	N (Give kind of work don g life, even if retired)		ND OF BUSINESS OR II	NDUSTRY		ACE (Stote			12. CITI	ZEN OF		COUNTRY?
1	3. FATHER'S NAME MAX	Broedel	217			14. MOTHER'S	MAIDEN I	NAME	ntington				W.
100		R IN U. S. ARMED FORCE (If yes, give war or dotes of servi		OCIAL SECURITY NO.		ormant Blia Br	oede	l; same	Address	as #	2.		la:
CEPTIFICATION	Conditions, if on gove rise to immed (o), stoling the u couse fost. PART II. OTH	iote couse		nshot wound			THE TERMI	INAL DISEASE C	ONDITION GIVI	EN IN PART		P. WAS A PERFOR	UTOPSY RMED?
				inflicted				t I or Port II of	item 18.)				
MEDICAL		8-13- 1959	While of work	Not while of work	Ho	n, street, office	bldg., etc.	Roge	town)	(Cou		Geo	(Stote)
	death resulted	ot I took charge of framy Natural con	Y O	Accident [],	Suício	de XX, H	amicide	y [], Insi	pectian XX, etermined co	Inquir	D.		ind that
L		8/15/59		2c. NAME OF CEMETER Loudon Pay		REMATORY		22d. LOCATIO	N (City, town, o	county)		(Stote)	
1	F. Gasch's	SIGNATURE	tsvi	ADDRESS			24a. REC'I	D BY REGISTRA	R 24b. REGIST			-	

DETERMINATION TO THE DEPARTMENT OF HEALTH BALTHORS IS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9402

CERTIFICATE OF DEATH

										Keg. Dist.	140.	
1.	PLACE OF DEATH o. COUNTY Prince G	oorga		MA	RYLAND	2. USUAL R			b. COUNTY		befare ad	mission)
	b. CITY OR TOWN RURAL and give Cheverly	(If autside corporate limi	ts, write	c. LENGTH OF STA		c. CITY C	R TOWN (If	outside carpoi	rate limits, write R		nearest	town)
	Cheverly			2 days		XFair	nount H	leights	B			
	_OR_INSTITUTION	PITAL (If not in hospital, g Norge Genera	-				T ADDRESS	A			0	RESIDENCE N A FARM?
-						1000.	60th	7			10,	, LI 140 LI
3.	NAME OF DECEASED (Type or print)	Fir Be	bv	Midd G1.		,	rooks:	4. DATE OF DEATH	Mon		Day	Year 19 5 9
5.	SEX	6. COLOR OR RACE				B. DATE OF B			9. AGE (In years	IF UNDER 1 Y	EAR IF U	
	Female	Negro	WIDOW		CED 🔲		1959		last birthday) yrs.	Months Do	-	-
100	USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRT	HPLACE (State	or foreign co	ountry)	12. CITIZE	OF WH	AT COUNTRY?
		orking life, even if retired		TETT		-	ryland			U.	S.	A.
13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME				
	William	J. Brooks				Thel	ma Joh	nson				
	WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY 1	NO.	NFORMANT		108 15	Add	ress		
		(, , , , , , , , , , , , , , , , , , ,			M	other,						
	IB. CAUSE OF D	EATH [Enter only one co	use per li	ne far (a), (b), and ((c).]	,				Ī	INTERVA	L BETWEEN
	PART I. DI	EATH WAS CAUSED BY:	6	rematur	ity	Birth	vt 16	(h)			ONSET A	ND DEATH
	1621	5 DUE TO		20 211	7							
	Canditions, if		6	Xe follow	1							
	gave rise ta cause (a), statin											
	lying couse los											
ATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REORMED?
CERTIFICATION	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter natur	e of injury in	Part I or Part	t II af item 18.)			
MEDICAL	20c. TIME OF INJU Hour a. m p. m	. 10	While	NJURY OCCURRED Not while t of work	20e. PL fo	ACE OF INJUR	Y (Hame, farn fice bldg., etc	n, 20f. (City	ar tawn)	(Cou	nty)	(State)
<						10	7.00		10			
		that I attended the	deceas									
	alive an		, 19	, and th	at death	accurred	at 3 1 45 A					
	ACTUAL SIGNATURE	Thomas H	2. (Existen	use	M.D. 69	05	13 1	timare	are	- '/	DATE SIGNED
	PHYSICIAN'S NAME (Type)	Dr. Thomas A	Chr	istensen			Coul	ege	Gank	2 7	m d	•
22d	BURIAK CREMAT REMOVAL (Specif	(y) 22b. DATE THEREC	/	Prince G					Cheve			State)
23.	FUNERAL DIRECTO	- VIII		ADDRESS	Penn		24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN.	ATURE	95165
1	young	W Wen	->	Administ			DAREP	2 '59	Cirth	ur & tira	u.4	
	2017	7315 XV	01				_			1000		

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		AND THE ASSESSMENT			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09367

Reg. Dist. No O. COUNTY D 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) Prince George's o. STATE Maryland b. COUNTY Pr. Geo's MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ass Manor Glass D.O.A. Oxon Hill, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6050- Bock Road S.E. Audrey Lane S.E. 101-YES NO NAME OF DATE First Middle Month Day Year DECEASED WILLIAM BROWN August B. SR. lst. (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. Male May 15- 1892 Months ! White WIDOWED [7] DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Washington, D.C. Bur. of Engraving USA Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MERKETER Margaret Barry Thomas H. Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs Margaret V. Brown Same as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (0) DUE TO Cardio Vascular Renal Disese Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 0 YES [NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 0 m of work of work 21. I certify that I took charge of the remains described above, held an Autapsy \(\pi\). Inspection I. Inquiry D. and find that Accident), Suicide , Hamicide . death resulted from: Natural causes ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER JAMES I. BOYD DEPUTY MEDICAL EXAMINER TO NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) St. Ignatius Cemetery August Oxon Hill. Marvland. 1661- Good Hope Road S.E. 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE AUG 4 Cirching S. Kraus Washington, DC

cremation, burial director. 9 prior for your and 3 to the puo be 1, 2, may within 24 hours of Give Pages 1, 2 poges File PM3. form purial 0 pending in 90 cute the certificate, writing the w forwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 st O DEPUTY

VS. A15ME(5)

5M 9/55

SARD MINICAL EXAMINER'S CHRISTICATE OF DEATH The state of the s Salar Lord Salar Annual Control S inoll ared will a A TO THE STOLE WAS DOING THE WAY trong attention of painting of painting of the control of the cont Provide during the Carting of the Ca The the separate of the second CONTRACTOR CONTRACTOR OF THE THE RESIDENCE OF THE PARTY OF T CONTRACTOR WAS IN YORK and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9481

09368

3401	CERTIFICATE OF DEATH	Reg. Dist. No.
CE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived.	If institution: Residence before a

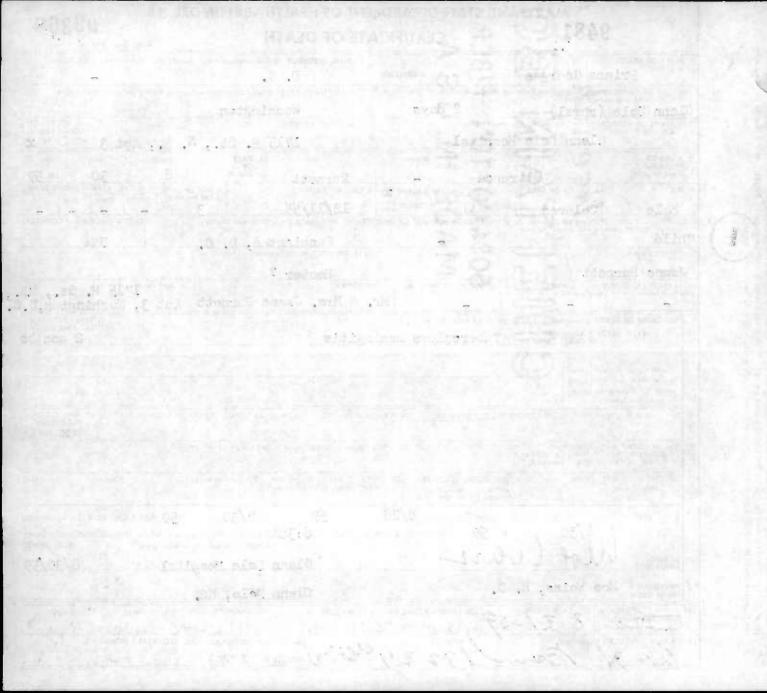
D. COUNTY Prin	ce Georges	MARYLA	o. STATE	CE (Where deceased lived.	If institution: Residence COUNTY	e before admission)
	Fautside corporate limits, w orest town)	c. LENGTH OF STAY IN		/N (If outside corporate lim	its, write RURAL ond g	ive nearest town) 47X-3
d. NAME OF HOSPIT.	AL (If not in hospital, give s Glenn Dale Ho		d. STREET ADDI	RESS 1715 H. St.,	N. E. Apt	e. IS RESIDENCE ON A FARM? YES NO SC
3. NAME OF DECEASED (Type or print)	First Clare	Middle	Burnet:	4. DATE OF DEATH	Month 8	Day Year 30 19 59
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION during most of work Child	DN (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR I		(State or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME James Burn			14. MOTHER'S MA	IDEN NAME		
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. & Mrs. J	ames Burnett	Apt 3, W	5 H. St., NE.
Conditions, if or gove rise to in couse (0), stating lying cause lost.	the <u>under-</u> DUE TO	Tuberculous me		ETERMINAL DISEASE COND	DITION GIVEN IN PART	PERFORMED?
20a. ACCIDENT WA	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of in	jury in Port I or Port II of it	em 1B.)	YES NO
20c. TIME OF INJUR Hour a. m. p. m.	V	od. INJURY OCCURRED 20 While Nat while twork at work	e. PLACE OF INJURY (Horr foctory, street, office blo	ne, form, 20f. (City or tow dg., etc.)	n) (C	ounty) (State)
actual SIGNATURE	at I attended the dec 8/30 UCL W De Weiss, M.	19_59, and that d	eath accurred at 6:	a 8/30 30A M, from the condition of the	ouses and an the y or town, state)	
220. BURIAL CREMATIO REMOVAL Specify)	N, 22b, DATE THEREOF	22c. NAME OF CEMETE		22d. LOCATION (C	ity, town, or county) on. Virgin	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	/ ADDRESS		a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE

TO HOSPITAL OR AT FABING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after dear. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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VS A15 (4) 15M 9/5B



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
403	CERTIFICATE OF DEATH	

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09369

Reg. Dist. No.

o. COUNTY Prince Georges MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Silver Spring, Maryland (rural) /5 × 2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Laurel General Hospital, Laurel, Md.	d. STREET ADDRESS Fairland-Colesville Rd., Rte 2,1494 YES NO. NO.
3. NAME OF DECEASED (Type or print) SOPHIE BUR	TON 4. DATE Month Doy Yeor OF DEATH August 17 19 59
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Caucasian WIDOWED DIVORCED	March 29, 1917 (1917) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wazerech Kulkushi	Mary markostra.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	ward A. Burton, hudband, same as patient
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Muliary to	thereulasis
019.2 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES 🔯 NO 🗌
OR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Of work of work 19 Of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram August 1	1 , 1959 , to August 17 , 1959 , that (last saw the deceased
	accurred at 9:35_PM, from the causes and an the date stated above.
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE (Mara mysty	M. 612 Main Street, Laurel, Md. 17 August 1959
PHYSICIAN'S NAME (Type) J. Richard Compton M. D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Bural aug 20 1959 Unian	Emitery Bustamulle Mel
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE ANG 2 4 159
The state of the s	DATE AUG 2 4 '59 Cather & King

. 1 CERTIFICATE OF DEATH Three Landya Carines aren and the latter than the second of the second the state of the same, and the same of the same and the second second

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

240. REC'D BY REGISTRAR

DATE AUG 1 7 '59

Washington.

Circhar & Kraus

DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

12th St., N. E.

ADDRESS

3015

09370 Reg. Dist. No. Pr. Geo. e. IS RESIDENCE ON A FARM? YES NO TE Day Year 59 14 19 IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 2 (Wife) Same as # INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO. (County) (Stote) Md. Pr. Geo. Inquiry XX and find that DATE SIGNED 1959 August 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

DEPUTY

remayal

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SIGNATURE

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Typel/John T. Maloney, M.D.

Aug-18-1969

220. BURIAL, CREMATION, 22b. DATE THEREOF

John T. Phines & Co.

ST SANTENIA PER ARTERNA OF HEALTH-PAIRMORE, 18

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		TO SECURE A			U.S.

FOR STATE HEALTH DEPT.

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DEPUTY MEDICAL LAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, ply je execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. get 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fifes. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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5A	1 2	2/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0701				Reg. Dist. N	No.
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When			
Prince Georges	MARYLAND	o. STATE Marylan	d b. COUNT	Prince	Georges
b. CITY OR TOWN [If outside corporate fimits, write RURAL and give nearest lown]	c. LENGTH OF STAY IN 16		side corporate limits, write		
Cheverly	DOA	X District	Heights		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		/d. STREET ADDRESS	- "		e. IS RESIDENCE ON A FARM?
Prince Georges General Hosp	ital	7805 Alpine	Street Apt.#	3	YES NO
3. NAME OF DECEASED (Type or print) LAWRENCE V	Middle INCENT	DAMATER	DATE Month OF Augus	t 23rd,	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEA	R IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	March 14, 1887	fost birthday) 72 yrs.	Months Days	Hours Min.
MITOH HOPE ODCHOTAG		Boundbrook,	rareign country)	12. CITIZEN USA	OF WHAT COUNTRY
io. Patrick 3 mante		14. MOTHER'S MAIDEN NAM			
Lawrence B. Byrnes			rray		
(Yes, no, or unknown) [If yes, give_war ar dales al tervice)		sephine T. Byr:	nes, 7805 Al	pine St.	Dist.Hgts.
(a), stating the underlying couse tost. (c)	o-vascular ren				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	STRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E.	nter nature of injury in Part I o	r Port II of item (8.)		
Hour a.m. White		E OF INJURY (Home, form, iry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I took charge of the re opinion death resulted from: Natural co ACTUAL SIGNATURE EXAMINER'S NAME (17/pe) James I. Boyd	man		micide [], Undete	rmined moni	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	Westminster	Cemetery Mo	ntgomery C	ounty,	(State)
23. FUNERAL DIRECTOR'S SIGNATURE 2901	-ADDRESS -	• W • 240. REC'D BY	REGISTRAR 246. REGIS	TRAR'S SIGNAT	

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09372

PLACE OF DEATH	Prince Georges	MARYLAND	2. USUAL RESIDENCE (V		b. COUNT			ission)
b. CITY OR TOWN (of outside corporate limits, write RURAL (n) Cheverly	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		ote limits, write	RURAL and	give nearest to	own)
	tal or institution (if not in eorges General		dy STREET ADDRESS Race Tr	ack Ro	ad		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Emma:	Hall Calver	Lost	4. DATE OF DEATH	Aug.	22,		Yeor 19 59
5. SEX Female	L bowellon	ARRIED NEVER MARRIED 8.	6-21-1901	9.	AGE (In years lost birthday) 58 yrs.		YEAR IF UNI	Min.
during most of working DomeSti	ON (Give kind of work done 1 ng life, even if retired)	0b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote Marylan		itry)		S.A.	COUNTRY
13. FATHER'S NAME Willi	am Hall		14. MOTHER'S MAIDEN N		mer			
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? If yes, give wor or dates of service)		FORMANT Elizabeth Wal	lls; sam	Address ne addre		# 2.	
Conditions, if of gove rise to imme (o), storing the couse lost.	underlying DUE TO	Shot gun wound		INAL DISEASE CO	ONDITION GIV	/EN IN PART		AUTOPSY ORMED?
PART II, OTI		CRIBE HOW INJURY OCCURRED. (E Shot by another p	erson with a	shot gun			YES	NO 🔀
	8 22 1959 o	Vhile Not while factor		Bowle	Prin			(Stote) Md find tha
ACTUAL SIGNATURE EXAMINER'S	John T. Malor	Maloney	M.D. CHIEF MEDICAL EX	AL EXAMINER				SIGNED
220. BURIAL: CREMATIC REMOVAL (Specify	John T. Malor PN, 22b. DATE THEREOF 8-25-195	22c. NAME OF CEMETERY OR	CREMATORY BOWN		N (City, town,		2, 195 land	
Fragues	S SIGNATURE	ne 389 R. J. ave	ME IC.	D BY REGISTRAN	25	strar's AGI		

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TO DEPUTY MEDICA XAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial.

or removal.

VS. A15ME(5) SM 9/55

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		100000				

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	olloho
	9387 CERTIFICA	ATE OF DEATH	
	PLACE OF DEATH D. COUNTY PRINCE GEOTGESMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reso. STATE 38/5-4-96. COUNTY	
b	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)
H	d. NAME OF HOSPITAL (If not in hospital, give street address) I OR INSTITUTION I LLE CONDAL ESCENTAREST	3815_49\$ NHAL.	W. W. e. IS RESIDENCE ON A FARM? YES NO
0	NAME OF First Middle DECEASED Type or print) MARY	CANNING 4. DATE Month OF DEATH AUG.	27 Year 19.5
5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 8/14/1882 9. AGE (In years lift UN last birthday) 77 yrs. Mont	hs Doys. Haurs Min.
00.	. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) At Home	West Virginia	CITIZEN OF WHAT COUNTR
3. F	FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
	George A. Thorne	Ramsey	
5. \ [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	S. MAIZE WHITMER	SAME
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Premonia	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost.	Perolie Heart Deseas	e 5 yr.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture af injury in Part I ar Part II af item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Mour o. m. p. m. 19 20d. INJURY OCCURRED factors will be not while of work to the other than the control of the cont	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
_	21. I certify that I attended the deceased fram and that death	accurred at 6 20 P.M. from the causes and o	t I last saw the decease
	ACTUAL Harold F. M. Cam	ADDRESS (Street, city or lown, stole)	W. DATE SIGN
	PHYSICIAN'S HAROLD F. MCCAINN	WASH 10,	p.C.
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O removal (Specify) 8/29/59 Old Cathed		
23.5	ELMERAL PRECION'S SIGNATURE 6. 2901-14	N. WOATE AUG 3 1 '59 24b. REGISTRAR'S	& Kraua

VS A15 (4) 1SM 9/SS

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	3 5 11	1 10	MEDICAL CEPTIFICATION	27
MY MY			0	2
Page 4 should be buried, cremation,	r deoth. If any delay is nect nd 3 to the funeral directar. retained far your files. I 2 with the registror prior to	d within 24 hours ofter 8. Give Poges 1, 2, or PM3. Poge 5 may be rmit. File poges 1 and	TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessare Slease executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to buried, cremation,	TO DEPUTY MEDIC cute the certificate forworded to the Ch

VS. A15ME(5) 5M 9/55

948 MA	ARYLAND STATE	DEPARTMENT OF HEALTH—BALTIMORE, 18	1
0 100	MEDICAL EXA	AMINER'S CERTIFICATE OF DEATH	te
Щ	~	2. USUAL RESIDENCE (Where deceased lived. If institution	1

	9485 MAEDICAL EVANILIERIS CERTIFICATE OF DEATH
1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.
1	PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY
-	MARTIAND Mayland June land
	of office nearest toys)
+	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	2015 Gorford Drive 2015 Gaylord Drive VES NO 19
3	(Type or print) Valuel, michael Carpenter BEATH 24 1259
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yours lost history) WIDOWED DIVORCED DIVORCED
10	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)[(The slinglingener U.S. Sovement Pennsylvania U. J. 6
1	3. HATHER'S NAME (Carpenter 14. MOTHER'S MAIDEN NAME)
100	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT a. no, or introvn) [If yes, give wer or doins of service) 17. INFORMANT
	1) Time Tena a Carpenter, Dame est
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	MAMEDIATE CAUSE (0) Route Con gestive heart failing
	HHAX DUE TO
	gove rise to immediate couse (b) Carolina Period des and
	(a), stating the underlying DUE TO
12	
ATI	PERFORMED? YES NO P
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 20d. INJURY OCCURRED While Not while foctory, street, office bldg., etc.] 20f. (City or town) (County) (State)
3	
ŀ	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
П	EXAMINER'S ASSISTANT MEDICAL EXAMINER
	NAME (Type) AMES DEPUTY MEDICAL EXAMINER & 2/24/39
L	Co. BURIAL, CRÉMATION, 12th. D'ATE THEREOF 22c. NAME/OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or younty) (State) Committee of the
23	FUNDERAL DIRECTOR'S SIGNATURE 1661- COOR Hope PASE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
2	Semmons Pores. Wash 20 DE DATE-11626'59 Orthung & thrown

MILITARY TO STATE OF THE STATE The Branch of the Branch of the Branch of the Control of the Branch of t CONTRACTOR OF THE PARTY OF THE

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(State)

Reg. Dist. No. 19 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Filed MARYLAND more b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If asiside carporate limits, write RURAL and give nearest town) RURAL and give nearest Jówn) mure d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Drilan YES NO NAME OF Middle, DATE Day Month Year DECEASED (Type or print) DEATH 193 IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours WIDOWED [DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? (State or during most of working life, even if setired) FATHER'S NAME as IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: . mer IMMEDIATE CAUSE (o)-DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a. m Not while While at wark at ot work 19:39 that I last saw the deceased 21. I certify that I attended the deceased fram. Ile. and that death accurred at 11,125 CM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL FUNERAL DIRECTOR DOGE 3 should be PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR AUG 1 9 '59 aring DATE

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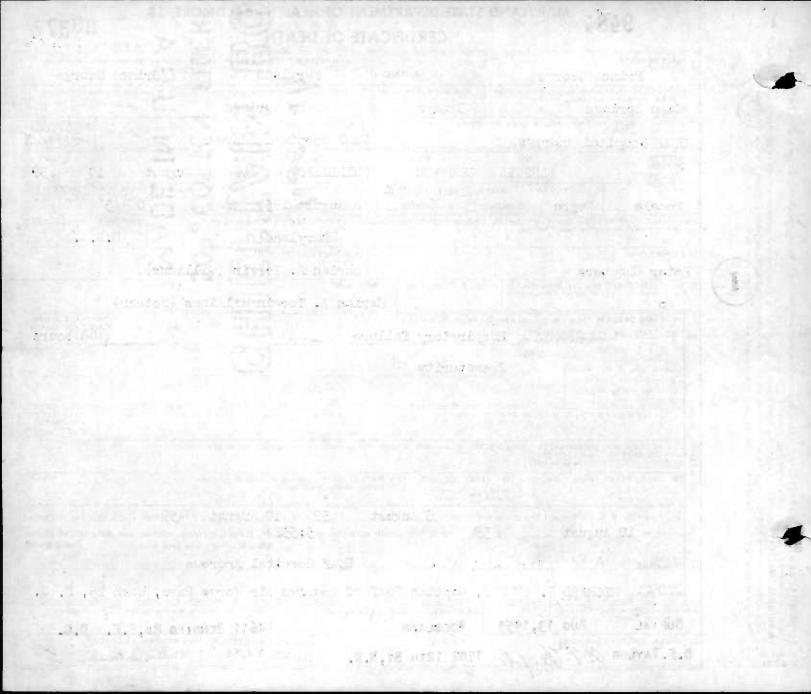
the registrar priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

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Reg.	Dist.	No	

									Key. Dis	1. 140.		
	PLACE OF DEATH O. COUNTY Prin	ice George		MARYLAND	2. USUAL RESIDEN	yland	deceased lived	. If instituti b. COUNTY	on: Residence	e befor	orge	ion)
	RURAL ond give r Camp Spri		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	WN (If outside to Spr.		mits, write R	URAL ond g	ive nec	irest town	1)
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol. ital Andrew		1	d. STREET ADD	RESS		3				PARM?
	NAME OF DECEASED (Type or print)	FI	rst SHIA	Middle CHAMBERS	(WILLIAMS	1.	DATE OF DEATH	Augu		Do 10	,	Yeor 1959
5. 5	Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	1959	9. AC	E (In years t birthdoy) yrs.	Months	YEAR Days	IF UNDE Hours	R 24 HRS. Min.
10a	. USUAL OCCUPATI	-	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLAC		oreign country)			EN OF		OUNTRY?
	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAMI		221	,			169
15.	eter Chan Was DECEASED EV I, no, or Unknown) No	IDERS ER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16.		Marian A INFORMANT Marian A. T			Add	ress)		
CATION	762.5 Conditions, if a gave rise to cause (a), stating lying cause lost.	the under-	Pr	spiratory fail ematurity CONTRIBUTING TO DEATH BU		IETERMINAL	DISEASE CON	IDITION GIV	/EN IN PART		PERFO	
MEDICAL CERTIFIC	(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Ye		Not while fe	ED. (Enter noture of in LACE OF INJURY (Hor actory, street, affice bl	me, farm, 2	I or Port II af		(Ca	ounty)		(Stote)
	actual SIGNATURE	Richar	19	ed from 8 Augus 59 and that deat R, Captian USA	h accurred at 5:	55P_M, ADD	from the opers (Street, or L. Andre	causes and the causes are town,	d an the	date	stated DAT	abave E SIGNED
220	BURIAL, CREMATIC	AUG 13,		22c. NAME OF CEMETERY O	OR CREMATORY	22d	LOCATION (_		(Stote	e)
	FUNERAL DIRECTOR			ADDRESS 1702 12TH ST.		IO. REC'D BY	REGISTRAR	24b. REGI	STRAK'S SIG	NATU		
	20503	314XU0			- Canoxa		+1/4					



VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	Dist		1)	3	2	7	9
nes	Dist	No	(1	-	U		1

1. PLACE OF DEATH	iner Ge	wall MARYLA		CE (Where deceased li	ved. If institution: Residence	before admission
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, arest lawin)	write E. LENGTH OF STAY IN	au H Lar	N (If ourside corporate	e limits, write RURAL and gi	ve nearest town
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give 2 Nach	street oddress)	602	Vash	Blad	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Vinta	n D, Middle	Cacher	4. DATE OF DEATH	Month	Day Year
5. SEX	WW	MARRIED NEVER MARRIED IDOWED DIVORCED			lost birthddyl Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO during most of work	ng life, even if refired)	e 10b. KIND OF BUSINESS OR	. 75 6	State or foreign coun	my) ml 12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME	ander	Cacher	14. MOTHER'S MA	DEN NAME	Dunal	9
	IN U. S. ARMED FORCES If yes, give wor or dates of segric	67 16. SOCIAL SECURITY NO.	17 INFORMANT / Lease /h	itchell	Address	el mis
PART 1. DEAT 4221 Conditions, if on	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (y, which) (b)	Deliret Osteret	velirot	1 7a	ilue	INTERVAL BETWEEN ONSET AND DEATH 3 Month
gove rise to in cause (o), stating t lying couse last.	he under- DUE TO (c)_	Lew	arte	rion	Lirais	
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?. YES NO
(IF EITHER, NOTIFY	LI CAUSE OF DEATH I	b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of inju	y in Part 1 or Part II	of item 18.)	
Y 20c. TIME OF INJURY Hour o. m.	10	20d. INJURY OCCURRED While Not while of work at work	De. PLACE OF INJURY (Home factory, street, affice bld	e, form, 20f. (City or g., etc.)	town) (Co	unty) (Stote)
21. I certify the alive an	at Vattended the de	5-5	4 , 19 4Z to eath accurred at 9		he causes and on the	st saw the deceased date stoted abave.
PHYSICIAN'S NAME (Type)	1. M.W,	ARREN				/ (
220. BURIAL, CREMATION REMOVAL (Specify)	dug. 19	22c. NAME OF CEMETE	RY OR CREMATORY	22d. LOCATION	N (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	and he DAY	REC'D BY REGISTRAL		

Riled with director,

TO HOSPITAL OR ATT.

May be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	CERTIFICATE	OF DEA

Reg. Dist. No.

PLACE OF DEATH	orge	MARYLAND	2. USUAL RESIDENCE (b. COUNTY		e admission)
b. CITY OR TOWN Cheverly	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporate li			rest fown)
OP INICTITUTION	TIAL (If not in haspital, give street ogge General Ho		/ d. STREET ADDRESS Route 2,	Box 201			ON A FARM
3. NAME OF DECEASED (Type or print)	First Notto	Middle	Colbert	4. DATE OF DEATH	Manth	Doy	Year 1959
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	/ .	B. DATE OF BIRTH	las	E (In years IF UN t birthday) Man		IF UNDER 24 H
IOa. USUAL OCCUPAT	ION (Give kind of work done 10b	KIND OF BUSINESS OR INDL		ite or foreign country)	12	CITIZEN OF	WHAT COUNT
3. FATHER'S NAME	Cosev		14. MOTHER'S MAIDEN			- 1-65	- 1
	/ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Annie West	213 Warre	Address	. N.E.	
PART I. Di	immediate g the <u>under-</u>	My o cardi My o cardi Menseler	of the flate of the terms of th	larcher on a con Minal DISEASE CON	DITION GIVEN IN	ONS	WAS AUTOP
OR CONTRIBUTING (IF EITHER, NOTIF	IG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE					
20c. TIME OF INJU Haur a. m p. m	. While		LACE OF INJURY (Hame, fo actory, street, affice bldg., a	etc.)	wn)	(County)	(Sto
21. I certify alive an	that attended the decea Clup, 19 Thomas Malo	alany	, 1959, ta h accurred at 8:10 M.D. 4814	Aug. 6 DAM, from the c ADDRESS spreet,	causes and an	the date	stated aba
220. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION ((City, town, or cau	inty)	(State)
3. FUTURE TO PRECTO	R'S SIGNATURE Ster	ADDRESS Jan 3c-	24a. RE	C'D BY REGISTRAR AUG 1 2 '59	24b. REGISTRAR	's SIGNATUR	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CER

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TIFICATE OF DEATH	Reg. Dist. N

	Keg, Dist, No.
I. PLACE OF DEATH Prince Georges o. COUNTY MARKENMERKEX MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Florida b. COUNTY ——
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carrolton	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Petersburg
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6009 Westbrook Drive	d. STREET ADDRESS 4305 78th Lane, North on a FARM? YES NO
3. NAME OF DECEASED (Type or print) Grace First Darling Co	omingore 4. DATE Month Copy Sear August 23, Day 19 59
	8. DATE OF BIRTH Dec. 18, 1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min. Months Days Hours Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hous ewife	New York City 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. McIntyre	Mollie B.Stoller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	Edward Comingore- Same #2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions. if any, which gave rise to immediate	Thrombosis onser and pearing interior levoles Cardiorus cules 3 yrs
cause (o), stoting the <u>under-</u> lying couse lost. DUE TO (c)	Disease V
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{ NO } N
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from July a alive an 18, 1957, and that death ACTUAL SIGNATURE	1 1959, to Stage 231959, that I lost saw the deceased occurred at 3PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED DATE SIGNED
PHYSICIAN'S William D.Rosson	Bladensburg Maryland
226. Burial, Cremation, 226. Date thereof 22c. Name of Cemetery of Burial 8/27/1959 Arlington 1	
23. FUNERAL DIRECTOR'S SIGNATURE THE S.H. Hines Co.2901 14th St., N	D. C. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funes page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after Death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat

filed with

Page 4

TO HOSPITAL OR AT VS A15 (4) 15M 9/55

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9411 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Pr	ince Georges	MA	RYLAND 2. U	SUAL RESIDENCE (V STATE Maryl		b. COUNTY	on: Residence t		
RURAL ond give n	If autside corporate limits, we earest town)			CITY OR TOWN (I	f outside corpo	orate limits, write R	URAL and give	nearest town	n)
OR INSTITUTION	TAL (If not in hospital, give			. STREET ADDRESS	Marlbo				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Baby	Midd B oy		last urtis	4. DATE OF DEATH	Mor		/	Year 19 59
5. SEX	The -	MARRIED NEVER MAR		E OF BIRTH	1050	9. AGE (In years lost birthdoy) yrs.		AR IF UNDE	
10a. USUAL OCCUPATI- during most of wor	ON (Give kind of work done king life, even if retired)		OR INDUSTRY 1		ite or foreign c		12. CITIZEN	18 OF WHAT C	COUNTRY
Elmer	R IN U. S. ARMED FORCES' (If yes, give war or dates of service	7 16. SOCIAL SECURITY N		Margar		rginia S	ress		D)
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US CONTRIBUTING	MEDICAL EXAMINER)	DESCRIBE HOW INJURY		er noture of injury i	12.73		{Cour	tv)	(Stote)
20c. TIME OF INJUS Hour o. m. p. m.		While Not while of work	foctory, s	treet, office bldg., e	etc.)	or lowing	(Cour	119)	(21016)
alive on Aug	Thomas A Chri	Ofristino	M.D	19 59 , to	AM, from ADDRESS (S timere Park, N	the causes and treet, city or town,	d on the distore)	ote stated DAT	deceased d above re signed

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VS. AISME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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D. COUNTY Prince Georges MARYLAND D. CITY OR TOWN If the words energined beauty, write BUBAL D. CITY OR TOWN If the words energined beauty, write BUBAL C. CITY OR TOWN If the words energined beauty, write BUBAL D. CITY OR TOWN If the words energined beauty, write BUBAL D. CITY OR TOWN If the words energined beauty, write BUBAL D. CITY OR TOWN If the words energined beauty and the property of the street oddress) D. COLLY OR TOWN If the words of the street oddress) D. COLLY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. CITY OR TOWN If the words of the street oddress) D. COLLY OR TOWN If the words of the street oddress
Blacensburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) 51-11. Tilden Road 51-11. Tilden R
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Solid Color Color
Signature Sign
Signature Sign
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year DECEASED Philip Sam Danna Death August 29 19 59
S. SEX 6. COLOR OR RACE 7. MARRIED 10. DATE OF BIRTH 9. AGE 10. years 11. IF INDER 124 AIKS 16. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 19. Address 10. U.S.A. 19. Address 10. Manual 10. U.S.A. 19. Address 10. Manual 10. Manual 10. U.S.A. 10. Manual 10. Manual 10. U.S.A. 10. Manual 10. U.S.A. 10. Manual 10. U.S.A. 10. Manual
S. SEX 6. COLOR OR RACE 7. MARRIED 1. DATE OF BIRTH 1. DATE of BIRTH 1. DATE white binder] 1. Days 1
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Truek driver 13. FATHER'S NAME
Truek driver 13. FATHER'S NAME
13. FATHER'S NAME Peter Danna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes 19.11 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. UNMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (b), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO TO CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20. CAUSE OF DEATH. 20. TIME OF INJURY Month, Day, Year While Not while
15. WAS DECASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17.
15. WAS DECRESSE EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 19.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, Exhaustion DUE TO Conditions, if any, which (b) Carcinoms of the lateral wall of the pharynx. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? YES NO NO. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work
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Couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10 10 10 10 10 10 10 10 10 10 10 10 10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN THE PRIMARY or CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work of work. 20e. PLACE OF INJURY (Home, form, form, form, form, form, p. m. 19 of work of work. 21. I certify that I toak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find the death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
PERFORMED? YES NO IN 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20c. TIME OF INJURY Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work of work of work. 21. I certify that I toak charge of the remains described above, held an Autapsy I, Inspection I, Inquiry I, and find the death resulted fram: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I.
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
Hour o. m. 19 While of work factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find the death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find the death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined cause
death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
1 1 2014 /2
SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ASSISTANT MEDICAL EXAMINER
EXAMINER'S John T. M.loney. M.D. DEPUTY MEDICAL EXAMINER W August 30. 1959
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Sept 1, 1959 Arlington National Arlington Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md. DATE SEP 4'59 Collag & thouse

MARYEAU STATE DEPARTMENT OF HEALTH-SAMMORE, 19

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TO HOSPITAL OR ATY ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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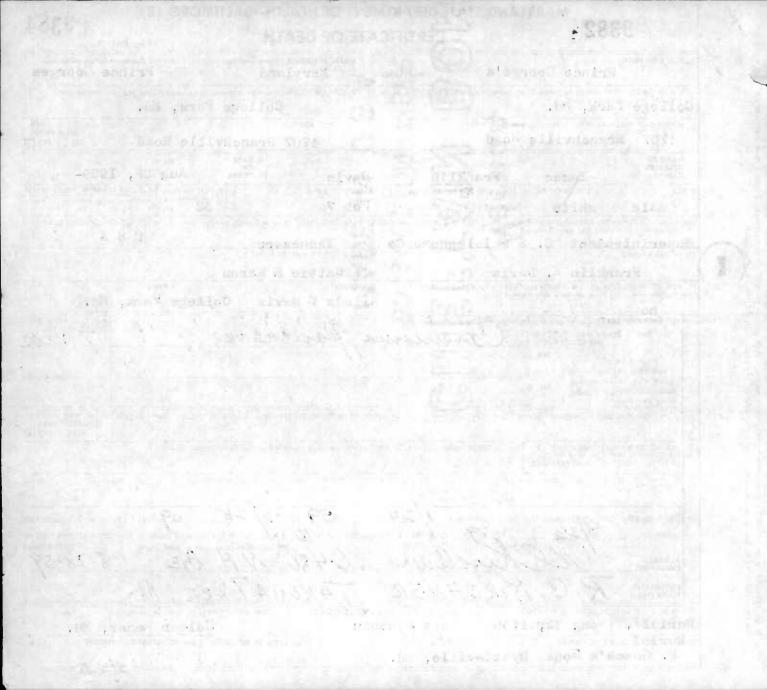
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

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Reg.	Dist.	No.				

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1. PLACE OF DEATH o. COUNTY	rince Geor	ge's	MARYLAN	D 2. USUAL RES	arylan	nere deceased line.	ved. If instituti b. COUNTY				
b. CITY OR TOWN (III	f autside corporate lim corest town de .	its, write	c. LENGTH OF STAY IN 1	b c. CITY OR		outside corporate	-		give ne	arest town	1)
d. NAME OF HOSPIT OF INSTITUTION 4707 Br	AL (If not in hospitol, ganchville	Road	address)	d. STREET		Branchy	ille R	oad			FARM?
3. NAME OF DECEASED (Type or print)	Issac		Middle anklin	Davis	ost	4. DATE OF DEATH	Aug	28,		-0	Year 19
S. SEX			NEVER MARRIED	777 0	тн	9.	AGE (In years lost birthday)	IF UNDE Manths	R 1 YEAR	Hours	R 24 HRS Min.
male	white	WIDOWI					52 yrs.				
Superinten 13. FATHER'S NAME	dent C.	2 10 1	KIND OF BUSINESS OR IN		nnesse	ee	try)		S A	FWHATC	OUNTRY
Fran	klin E. Da	avis		Hat	tie K	Karns					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT		A The		ress			
no, or unanown)	If yes, give war ar dates of s	ervice)	3-un - 57	Alleda	V Davi	is Co	llege	Park	, Mc	l.	
Canditions, if an gove rise to in cause (o), stating lying cause lost.	mmediate DUE TO)		V							
CATION PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	INAL DISEASE C	ONDITION GI	VEN IN PA	RT I(o)	PERFO	RMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in	Part I or Port II	of item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e Not while t ot work	PLACE OF INJURY factory, street, office	(Home, form ce bldg., etc	20f. (City or	town)		(County)	(Stote
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at latended the 8/26	12		oth occurred at		M, from the ADDRESS (Street A)	e causes ar			e stated	
220. BURIAL, CREMATIO	N. 22b. DATE THEREC	OF .	22c. NAME OF CEMETER Fort Lin		X		N (City, town,	,,		(Stat	le)
23. Annaiailector F. Gasch	476	Iyati	ADDRESS		24a. REC'	D BY REGISTRA	R 24b. REG	ISTRAR'S S	IGNATU		



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0	ifficate Ming the ward "pending" in pencil in 18m. 18. Give Pages 1, 2, and 3 to the funeral director. Page Mould be	he (DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to barial cremation,	
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forwarded to the Chief Medical Examiner's Office along with form PM3. PTO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill as remayal.	0	٩	证	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter in CAUSE OF DEATH.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF factory, str. P. m. 19 of work of work
21. I certify that I taak charge of the remains described abave, I death resulted fram: Natural causes , Accident , Suicide ACTUAL SIGNATURE , M.D. EXAMINER'S NAME (Type) John T. M. loney, M.D.
220. BURIAL, CREMATION, REMOVAL (Specify) 8/15/59 ROLL Trinity Cem
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.

	3	310							Reg.	Dist. No		
1.	PLACE OF DEATH	rince Geor	ges	MARYLAN	0.5	STATE	(Where decease	d b. COUNT		-		ission)
	b. CITY OR TOWN (If ond give notes) town) Cheve	outside corporate limits, write	RURAL	D.O.A.	b c. (Eowie	(If outside cor	porate limits, write	RURAL o	nd give n	earest to	wn)
		Georges (tal, give street oddress) Hospital		street ADDRESS		t			ON	A FARM
3.	NAME OF DECEASED (Type or print)	Ell:		Middle Cross	Day	Last	4. DATE OF DEATH	Mont Augus		12,		Year 19 59
5.	Male Male	6. COLOR OR RACE white	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED		-10-85		9. AGE (In years lost birthday) 7.4 yrs.	Months .	R 1YEAR Days	IF UND Hours	Min.
100	o. USUAL OCCUPATION during most of working Magistrat	life, even if refired)	100	of Business or indi		BIRTHPLACE (SHO		country)	12. CI		S.A.	COUNTR
	Edward				14. MC	Floren		055				
	. WAS DECEASED EVE	R IN U. S. ARMED FO If yes, give war or dates of	service)		. INFORMA		1006 1	Address Maple Ave		Bow	ie,	Md.
	PART I. DEATH AAAA Conditions, if an gave rise to immedi (0), stating the uncouse lost.	ote couse nderlying DUE TO		Acute conge	lar re	enal dis	sease			ONSE	VAL BETW	ATH
IFICATION				TRIBUTING TO DEATH BU					EN IN PA	-	PERFO	AUTOPSY DRMED? NO
MEDICAL CERT	20g. EXTERNAL CAUSE PRIMARY OF OF CONCAUSE OF DEATH. 20g. TIME OF INJURY Hour o. m. p. m.			JURY OCCURRED 20e. p	LACE OF IN	JURY (Home, fo	orm, 20f. (City		(C	ounty)		(Stote)
	ACTUAL SIGNATURE	fram: Natural	causes XX	loney	wicide [de [], UI	nspection XX	per	iry 101 .		find th
220	EXAMINER'S NAME (Type)	John T. M		M.D. C. NAME OF CEMETERY		DEPUTY MEDICA			gust	13,		59
	REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	8/15/59		oly Trinity ADDRESS		tery		TION (City, town, or ington RAR 24b, REGI	Md	•	(Stot	ej
		• S				240, KE	C D BT REGIST					

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F. Gasch's Sons

9487 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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			4					Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Pri	nce Georg	ge's	MARYLAND	2. USUAL R	esidence (Wh Marylar	ere deceased	lived. If institution b. COUNTY			Geor	
b. CITY OR TOWN (If outsi RURAL ond give neorest Beltsville	town)	write c. LENGT	nths	11	OR TOWN (If o		te limits, write Ri	URAL ond	give neo	arey town)
d. NAME OF HOSPITAL (IF OR INSTITUTION 3410 Fairl		e street address)		d. STREE	T ADDRESS	Fairla	nd Road		<i>'</i> .	ON A	IDENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	First	lliam Bl	Middle aine Da	yman	Last	4. DATE OF DEATH	Aug		Da	'	reor 19 5
	olor or RACE 7	MARRIED NE	VER MARRIED DIVORCED	B. DATE OF B	irth 1, 1885		AGE (In years last birthdoy)	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION (G during mast of warking lif Retired	e, even if retired)	ne 10b. KIND OF E		USTRY 11. BIRT	Pa Pa	or foreign cou	intry)	12. CI		WHATC	OUNTRY
13. FATHER'S NAME Jo	hn Daymai	n			er's maiden n ary ?	IAME					34
1S. WAS DECEASED EVER IN L (Yes, no, or unknown) (If yes,	J. S. ARMED FORCE give war or dates of servi			informant amuel	H Daym	an Be	Addr ltsvill		d.		
Conditions, if ony, w gove rise to immed couse (o), stoting the un lying cause last.	DUE TO	2 de TIONS CON TRIBUT	O O CL	Devel	TOTHITERMI	L. B.	Dund:	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
20g. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	0b. DESCRIBE HOV	/ INJURY OCCURE	ED. (Enter notu	e of injury in I	Port I or Part I	II of item 18.)				
20c. TIME OF INJURY MO Hour o. m. p. m.	onth, Doy, Year 19	20d. INJURY OCC	while f	PLACE OF INJUR octory, street, o			ar town)		(County)		(Stote
21. I certify that L alive are as a signature of the sign	getended the d		8-8 and that deat	, 185 h accurred 				d an th			
220. BURIAL, CREMATION, 2.			ME OF CEMETERY		1	22d. LOCATIO	ON (City, town,	or county)		(Stote	b)
23. FUNERAL DIRECTOR'S SIG	NATURE	ADD	RESS		24g. REC*	D BY REGISTR	AR 24b. REGIS	STRAR'S S	IGNATU	RE	

Hyattsville, Md.

AUG 2 8 '59

Chilman S. Kraus

requires that the death certificate be executed within 24 hours after death

moy be retained by the naspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral to Funeral Director and Complete the second physician and Complete the funeral Director and Complete the Compl removal,

TO HOSPITAL OR

the registrar prior to buriol,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	111201	Item 6 FilmG247	8-31-59 et	or beatti	Reg. Dist.	No.	
1, P	COUNTY		2. USUAL RESIDENCE (Where				
	COUNTY Prince Georges	MARYLAND	o. STATE Maryland	b. COUNT	Prince	George	35
b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16 DOA	X c. CITY OR TOWN (If outsid Rural Upper M	e corporate limits, write			
d	NAME OF HOSPITAL OR INSTITUTION (IF not Prince Georges General	to the	Box # 159, Rou	te # 1		ON	ESIDENCE A FARM?
0	AME OF ECEASED ype or print) THOMAS	NATHANIEL	DENT 4. DA	ATH August	24th,	oy Y	9 ⁵⁹
SE	Mala Market	MARRIED NEVER MARRIED 8. OWED DIVORCED M	DATE OF BIRTH Lay 17th, 1959	9. AGE (In years lett birthday) yes.	Months Days		ER 24 HRS. Min.
di	USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) NONE—INTANT	10b. KIND OF BUSINESS OR INDUSTR	Cheverly, Md		12. CITIZEN USA		COUNTRY
	ohn Wesley Sellman		14. MOTHER'S MAIDEN NAME Alice Lucill	e Dent			
5.	WAS DECEASED EVER IN U. S. ARMED FORCES? no. or uphnown) (If yes, give yer or dates of service) NONO		ice L. Dent, Be	x #159 Reut	44	per Ma	arlbon
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	renche-pneumonia					
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIV	EN IN PART I(a)	19. WAS A	AUTOPSY RMED? NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED. (Er	nter nature of injury in Port t or P	art II of item 18.)			
200	Hour a.m.	20d. INJURY OCCURRED 20e. PLAC While Not while facto of work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	. (City or town)	(County)		(State)
- 1	21. I certify that I took charge of tapinian death resulted from: Natu			_	, Inquiry [_	d in my
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boyd	Il Souph	M.D. CHIEF MEDICAL EXAMINI ASSISTANT MEDICAL EXAMIN DEPUTY MEDICAL EXAMIN	MINER []		DATE S 8/24/1	
20. I	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 8-26-59	For restivil		restville		(State)
	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY R		STRAR'S SIGNAT	TURE	
43	rtle K. Rollins	4339 Hunt Pl.,	N.E. DATE AUG 2	7 '59 a	ribus S: H	inus	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the certifical writing the ward "pending" in pendil in 11em, 18. Give Pages 1, 2, and 3 to the funeral director. 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to form to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State (8 and 3 of the arrive designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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9488 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09388

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryl:	Where deceased live			e before admi			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Adelphi							
d. NAME OF HOSPITAL (If not in hospital, give street 2525 Buck Ledge Road	address)	d. STREET ADDRESS 2525 Bu	ON	e. IS RESIDENCE ON A FARM? YES NO X					
3. NAME OF DECEASED (Type or print) ANTOINETT	A BARRA	Di Trapan	4. DATE OF DEATH	Mor		Doy 25	Year 1959		
5. SEX Female 6. COLOR OR RACE WIDOW	ED DIVORCED		1888	GE (In years ist birthday) 70 yrs.		Doys Hours	1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heusewife	At home	STRY 11. BIRTHPLACE (SIG	ate ar foreign cauntr	y)		ZEN OF WHA	T COUNTRY?		
Joseph Barra		Concetting		R					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	or 272,740.	Add	ress				
(Yes, no, or unknown) (If yes, give wor or dates of service)		ethea DiTra	pani, 252	5 Buck	Lodge	Rd.Ad	elphi,		
Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	Contributing to DEATH BUT	NOT RELATED TO THE TER	er Tencio	NDITION GIV	/EN IN PART	PERF	AUTOPSY ORMED?		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)									
Haur a.m. While	NJURY OCCURRED 20e. PL. Nat while k at wark	ACE OF INJURY (Home, foctory, street, affice bldg.,	orm, 20f. (City or to	own)	(Co	ounty)	(State)		
21. I certify that I attended the deceased from \$-27, 1957, to \$-25, 1959, that I last saw the deceased alive an \$-25, and that death accurred at \$2. M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. D. BANER, M.D. PHYSICIAN'S NAME (Type) R. D. BANER, M.D. PAGE 1941, M.D.									
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 8/28/1959	22c. NAME OF CEMETERY O		22d. LOCATION Washin			(Sta	ote)		
W.W. Chambers Company, Rive		24a. RE	AUG 2 8 '59	24b. REGIS	strar's sign				

ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by it TO HOSPITAL OR ATTEN

VS A15 (4) 15M 10/57

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	THE STATE OF STATE								

VS A1S (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2414

CEDTICICATE OF DEATH

09389

				CE	KIIFIC	AIE .	OF DEA	AIII		Reg. D	ist. No		- 17	
	PLACE OF DEATH			Yageri a	4.65			E (Where decease	ed lived. If institu	rion: Reside	nce befa	re admis	sion)	
Prince Georges MARYLAND					o. STATE Maryland b. COUNTY Prince Georges							gs		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							ITY OR TOWN	(If autside carp	orate limits, write	RURAL and	give ne	arest taw	n)	
	Cheverly	aresi rown,		1hr.	. 15 mi	mX.	Sest	Pleasant	5					
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION					/ d.	STREET ADDRE	SS				e. IS RESIDENCE ON A FARM?			
		rges Gener		ospital	6	1.	14 Sepa	r Land				AF2 [] NO []	
3. NAME OF DECEASED (Type or print) Emme.			Middle (uplessible)		4. DATE OF		Manth		ıy	Year		
		a	10.		uple	5815	DEATH	460	1	12		19 59		
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED	8. DATE	OF BIRTH		9. AGE (In years last birthday)	Months	Doys	Hours	ER 24 HRS.	
	Female	White	WIDOWI		VORCED [1/	/4/87		72 yrs					
100	 USUAL OCCUPATIO during most of working 	N (Give kind of work of ing life, even if retired)	dane 10b.	KIND OF BUSIN	NESS OR INDI	USTRY 11.	BIRTHPLACE ((State or foreign	country)	12.CI	IZEN O	WHAT	COUNTRY?	
	Housewif						·Vvv	uni	2		Uni	Lted	State	
13.	FATHER'S NAME					14. M	OTHER'S MA	EN NAME						
	imi	mun	27				w	npn	on	2				
		IN U. S. ARMED FOR		SOCIAL SECUR	ITY NO.	INFORMA	ANT		Ad	dress				
	mo	ryes, give war or some or a	4	mor	28	John	Soper	Son	X 112 S	oper	La S	Seat	Pleas	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), a							INT	ERVAL B	ETWEEN	
	PART I. DEAT	TH WAS CAUSED BY:	,	40	he .	dre	ali	4 C	ache	41	CE ON:	SEI ANE	DEATH	
-	7880	DUE TO											535	
	Canditions, if an	which \												
	gove rise to in	nmediate (C 100 0					
lying cause last. (c)														
									9. WAS AUTOPSY					
ATIC	PERFORMED? YES NO													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									, 110 🔲					
	20c. TIME OF INJURY		ar 20d II	NJURY OCCURR	20e P	LACE OF	IN II IPY /Hame	, farm, 20f. (Cit	n as town)		(County)		(State)	
MEDICAL	Hour a.m.	19	While	Nat while		actory, stre	eet, affice bldg)., etc.)	y di lown,		(Coomy)		(31016)	
×	p. m.		at war				-					-		
	21. I certify the	at I attended the							2 , 1959					
	alive an Aug	• 12	, 195	g and	that deat	h accur	red at 98	30PM, from	the causes a	nd an th	e date			
		Mita	11/	1111			112	ADDRESS	treet, city or town	, state)	?	DA	TE SIGNED	
	ACTUAL SIGNATURE	un l	11	m	7	_M.D	6/24	6.	entreal	a	UE	-		
	PHYSICIAN'S TO						(Apito	1 4	eich	15-	/	nd	
	NAME (Type)	r. Peter D	uu s					/						
220	BURIAL, CREMATION	V. 226. DATE THEREO	F	225 NAME O	F CEMETERY	OR CREMA	ATORY	22d.00C/	TION (City, town,	or gopty)	and the	Sto	fe)	
	Swuaf	8-10-	37	Celda	or Ifile	10	meli	my su	itlan	954M	are	Ken	en	
23,	FUNERAL DIRECTOR	SIGNATURE	6	ADDRESS	11/10)	240.	REC'D BY REGIS		ISTRAR'S S	IGNAT	RE		
L	v.w.ch	umbers	60	enc.	Viaoh	mall	PA DAT	AUG 1	7 '59	Cirling	A. 70	raug		

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PING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

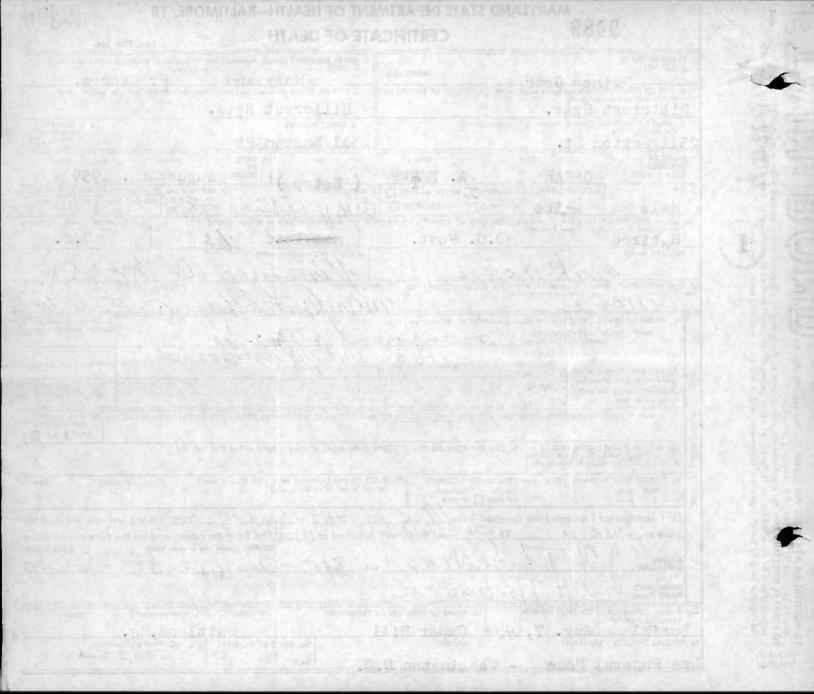
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9489

CEPTIFICATE OF DEATH

09390

CERTII	ICAIL OF BLAIT	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George MARYLA	li a STATE	ed. If institution: Residence before admission) b. COUNTY Pr George.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Hgts.	c. CITY OR TOWN (If outside corporate X Hillcrest Hgts	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION 2511 Easton St.	/ d STREET ADDRESS 2511 Easton St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OSCAR A. ESPE:	Lost 4. DATE OF	Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	B. DATE OF BIRTH	AUGUSTATIO 1959 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: ast buthday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNT
Retired D.C. Govt.	14. MOTHER'S MAIDEN NAME	DIP
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	17. INFORMANT MEN ACCENTED	Address + D 114
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	· It I	IMERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under. Lying couse lost. DUE TO DUE TO (b) DUE TO	Jener Belized meters	tures
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
CAUSE OF CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II o	f item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	De. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	lown) (County) (Stote
21. I certify that I attended the deceased from May alive on all of the standard of the signature of the sig	eath occurred at 11250 KM, fram th	te causes and an the date stated aboreity or town, stole) DATE SIGN
PHYSICIAN'S J. H. Thibadeau	J .	
226. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 7.1959 Cedar H		(City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR ANG 7 '59	24b. REGISTRAR'S SIGNATURE

The following the registrar part of puriod, cremotion, or removal, and in ony event within 72 hours flee death. TO HOSPITAL OR ATTE



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remave carbon popers.

ansit permit. Then please remave and in ony event within 72 haurs

attending physician

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0/15

09391

I. PLACE OF DEATH			CERTIFICA	AIE OF DEATI			Reg. Dist. No	o
a. COUNTY			MARYLAND	2. USUAL RESIDENCE (WI		ved. If institution b. COUNTY		Eromi.
		mits, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (If o		e limits, write RU	RAL ond give n	Gaorges earest town)
d. NAME OF HOS OR INSTITUTIO	PITAL (If nat in haspital,	, give street address)		/ d. STREET ADDRESS		4.5	- 69	e. IS RESIDENCE ON A FARM? YES NO
R. NAME OF DECEASED (Type or print)		First	Middle B	Lost Evans	4. DATE OF DEATH	Month		ay Year
S. SEX	6. COLOR OR RAC	WIDOWED		B. DATE OF BIRTH August 2	2/59	AGE (In years	Months Doys	R IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPA		k done 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign coul	ntry)		F WHAT COUNTRY
	ohn Edward VER IN U. S. ARMED FO		SECURITY NO.	Shirley Mae		Gilbert Addre		same
Conditions, if gove rise to couse (o), stotil lying couse los	immediate DUE 1	(c)	JUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE C	CONDITION GIVE	N IN PART I(a)	10 WAS ALITOPS
								PERFORMED?
20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEAT FY MEDICAL EXAMINER	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	of item 18.)		PERFORMED? YES NO
PART II. CO	FY MEDICAL EXAMINER URY Month, Doy, No.	Year 20d. INJURY C	OCCURRED 20e. PL	D. (Enter noture of injury in ACE OF INJURY (Home, farn ctary, street, affice bldg., etc	, 20f. (City o		(County	PERFORMED? YES X NO

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the registrar prior to burial, crematian, or removal, and in ony event TO HOSPITAL OR VS A15 (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) g. COUNTY b. COUNTY Prince Georges MARYLAND Dist. of Col b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cheverly D.O.A. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital 1243 Meigs Street. N.E. Apt. TYES NO TY NAME OF Middle DATE Lost Month Year DECEASED Harold Thomas (Type or print) Everett DEATH 29 19 59 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. ast birthday! Months Days Hours Min. Male Negro WIDOWED T DIVORCED [5-09-06 YES. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Washington. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Franklin Everett Lula Pugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Edward Everett: 1621 Montello Ave., Wash. D.C. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH Acute congestive heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Hypertensive cardiovascular disease Conditions, if any, which gove rise to immediate couse DUE TO (o), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO IX 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Not while o. m. of work at work D. m. 21. I certify that I taak charge of the remains described above, held an Autapsy \(\subseteq \). Inspection 100 Inquiry and find that death resulted from: Natural causes Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER 1959 30. John T. Maloney. DEPUTY MEDICAL EXAMINER August NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 9/2 Woodlawn Washington, D.C. Burri al ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 30- 71- ST, N.E. arthur & Traves

VS. A15ME(S) SM 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH · . . The Earl or Ferry self father destroy the well forced by the father father the father than the father of the 02.8 • • • • • • • • • • • • STATE OF THE PARTY Hypercentists or division as a property COL (SE SERVE TRUE AND SE ACOM COMPANY AND A COMPANY . Will sample of the one

09393

949	0	CERTIFI	CATE OF D	EATH		Reg. Dist. No.	(19393
1. PLACE OF DEATH o. COUNTY PRING P	0402085	MARYLA	o STATE	ENCE (Where decease	ed lived. If institution b. COUNTY	Residence before	odmission) Grope
	lawn) end	c. LENGTH OF STAY IN	th c. CITY OR TO	OWN (If autside carp	orate limits, write Rt	JRAL and give near	rest town)
d. NAME OF HOSPITAL (I	f not in hospital, give street RIJER	14 "	1 d. STREET AL	0 - 7	end Coo	et.	ON A FARM? YES NO TO
NAME OF DECEASED (Type or print)	FRANK	Middle	FANNI N	4. DATE OF DEATH	Mont	6 /64	Year , 19 S
MALY 6.	COLOR OR RACE 7. MAR WIDOW		100	4. 1892	9, AGE (in years last birthday) 6 yrs.	Months Days	Hours Min.
Oo. USUAL OCCUPATION (Conting most of working I	Five kind of work dane 10b. ife, even if retired)	BUILDER	NDUSTRY 11/ BIRTHPLA	CE (State or fareign of A	cauntry)	12. CITIZEN OF	S #
3. FATHER'S NAME WM FA	INNING		14. MOTHER'S	MAIDEN NAME		DeTS	
S. WAS DECEASED EVER IN (Yes, no, or unbnown) (If yes,	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT ANNIA	DOR	AFAN	N 1 1V G	wife
PART I. DEATH V	DUE TO which diate DUE TO DUE TO	extracts Con	noted H	Heart f	Le Geo		Jun
	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a) 19	PERFORMED?
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIB	DERLYING TO 20b. DES	CRIBE HOW INJURY OCCI	URRED. (Enter nature of	injury in Part I ar Pa	rt II of item 18.)		
20c. TIME OF INJURY A Hour a. m. p. m.	While		e. PLACE OF INJURY (F factory, street, affice	ome, farm, 20f. (Cit bldg., etc.)	y or town)	(County)	(State
21. I certify that I alive on	attended the decear		noted at.	ZIYLAM, NO	7	e, that I last sa nd an the dat stote) Chester Description	
20. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF 706. 17. 195	22c. NAME OF CEMETE	RY OR CREMATORY	224.100	ATION (City, town, o	r county)	(State)
23. FUNERAL DIRECTOR'S SIG	ENATURE 3	ADDRESS X4	e Na	240. REC'D BY REGIS		TRAR'S SIGNATUR	•

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funel page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR AT

director, filed with

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VS A15 (4) 15M 9/55

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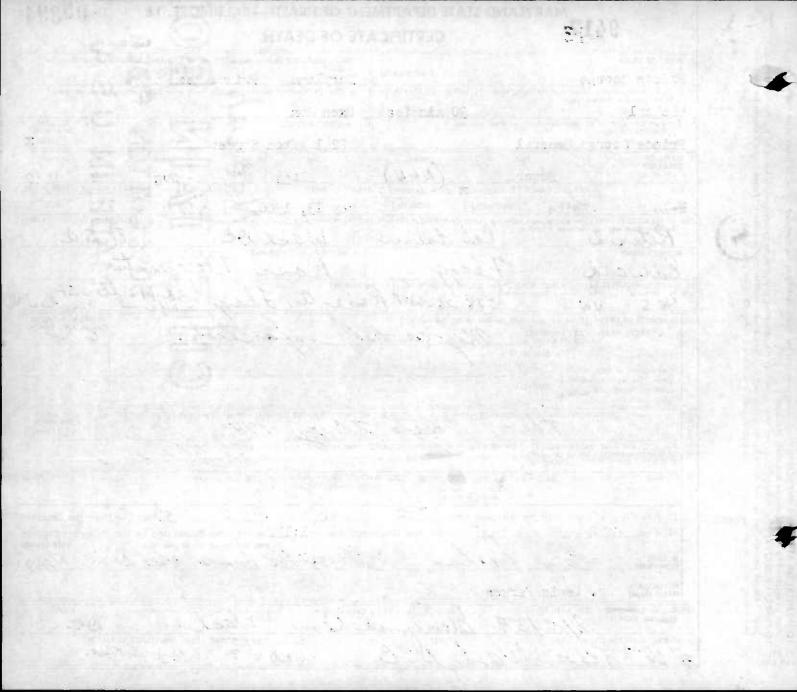
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09394

		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince Gaenor
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address)	X Oxen Run J. d. STREET ADDRESS e. IS RESIDENCE
l	OR INSTITUTION Prince George General	22/11 Afton Street YES NO IN
F	3. NAME OF First Middle	Last 4. DATE Manth Day Year OF
L	(Type or print) Edward (NM.N.)	Flagg DEATH Aug 2 19 59
ĺ	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Male White WIDOWED DIVORCED	May 13, 1900 59 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. 5. a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward + lagg.	Rosa Pleasents
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [(If yes, give wor or dates of service)	FORMANT 2 Address after St.
	Yes NWI 578-26-6397 /C	see a, flago - wife, - oxenkun
ŀ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUCCASOLIC	el infanction ONSET AND DEATH
ļ	420.1 DUE TO	
١	Conditions, if ony, which) (b)	
l	gove rise to immediate couse (a), stating the under-lying couse last.	
	7	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
А). (Enter noture of injury in Port I ar Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While at work at work 20c. PLA	ACE OF INJURY (Home, form, lory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
ı	21. I certify that I attended the deceased from 8-2	
l	alive an 2-2 1957, and that death	accurred at 1:15PM, from the causes and an the date stated above
١	0 11 8	ADDRESS (Street, city or town, stote) DATE SIGNED
l	SIGNATURE Selves Porker	A.D. 5241 St. Barnela. West 21 U.C. 8/3/5)
	PHYSICIAN'S NAME (Type) Dr. Lewis Parker	
Ī	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	GREMATORY 22d. LOCATION (Gity, town, or county) (State)
	REMOVAL (Specify) 8/5/59 Dlenwarb	L'em Wash De.
	23. FONERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	1111 = Bles Wash 11, C.	DATALIG 4 '59 Orthur S. Huma

TO HOSPITAL OR ATT TING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the maspital ar attending physician.



9418

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince Georges Marvland Prince Georges b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 2218 Cheverly Ave. YES NO W NAME OF Middle 4. DATE Month Year DECEASED (Type or print) Annabelle DEATH Forbes 19 59 August 25 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lost birthday) Months Days Hours DIVORCED [WIDOWEDT Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home United States Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dates of service) Bissell Grandson Address same 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (Stote) (County) Haur a.m. factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from Aug. 23 19 59 to Aug. 25 , 159 that I last saw the deceased and that death accurred at 9:45PM, from the causes and an the date stated above. alive on August ADDRESS (Street, city or town, state) ACTUAL 3404 Cheverly Ave. SIGNATURE Cheverly, Md. PHYSICIAN'S NAME (Type) Kehoe John 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) Remova. Burial Cemetery Honewel 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 8 '59 arthur S. Kraus

oug physicion attending C a gned FUNERAL DIRECT ploods P page

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VS A15 (4)

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15.	Elwings L. Westers	ZOT Jeille brad III	CH 185-8-10 1-78 1 14
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL MAINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifical mriting the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Prose 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 most affect death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9491 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09398 Reg. Dist. No

1. PLACE OF DEATH	ce Georges		MARYLAND	2. USUAL RESIDENCE			ution: Residence Prince	-		
b. CITY OR TOWN III and give negrest found Ferest Heig	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Forest Heights									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 457 Ottawa Street				d. STREET ADDRES		reet		10	e. IS RESIDENCE ON A FARM? YES NO A	
3. NAME OF DECEASED (Type or print)	WILLIAM		JOHNSTON	FRAIN	4. DATE OF DEATH	Mont August	29th,	Ооу	Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	D MEVER MARRIED E	August 27th	.1916	9. AGE (In years lost birthday) 43 yrs.	Months Day			
10o. USUAL OCCUPATION during most of workin Cerrections	ON (Give kind of work in life, even if relifed) 1 Officer	done 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (SI Washingt	on, D.C	ountry)	12. CITIZEN	USA	COUNTRY	
13. FATHER'S NAME William J	. Frain			Jennie M		ney				
15. WAS DECEASED EV	ER IN U. S. ARMED FO	service)		therine M.	Frain.	Address 157 Ottav		rest	Hgts.	
CATIO	diote couse DUE TO (c)	DITIONS CO	e-vascular re	NOT RELATED TO THE TE	RMINAL DISEAS		VEN IN PART 1(4		ORMED?	
200. EXTERNAL CAL PRIMARY □ or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m.		or 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	form, 20f. (City		(County))	(Stote)	
21. I certify the opinion death ACTUAL SIGNATURE	nat I took charge resulted from: hn T. Malon N, 22b. DATE THEREC	Natural comey, M	emains described aboauses Accident	CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDIC	Homicide L EXAMINER DICAL EXAMINER AL EXAMINER 27d. LOCA	, Undele	ermined mar	DATE 8/31/	ofe)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS 11th St.S.E.Wa	24e. R	EC'D BY REGIST	RAR 24b. REGI	ISTRAR'S SIGNA	TURE		

3493 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

to the letter of The server deposits to the server and the server an transference of teacher Teachers and the state of CASHING AS SHEET POINT OF A MICE. Ome of the process of the Control of the state of the sta • • • 181, 181, 162, 183 AS BELLEVA TO BE HOWEVER BUT THE BOUNDESS

VS. A15ME(5) 5M 9/55 09397

Reg. Dist. No.

	1, P	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Ingiliation Residence before admission)
		Truce Georgesmanyland " " Marrier Contract Cearges
	b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
	<u>_</u>	Dear flerent 21 year X Deat Sleasant
	d	NAME OF HOSPITAL OR INSTITUTION Hange in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO FO
	3. N	NAME OF First Middle Park 4 DATE Mark
		Type or print) Joseph Bartholme, Cardelle Que 3 1859
	5. \$	THE COUNTY OF TH
		nearly white WIDOWED DIVORCED DANCES 17, 1892 67 yrs. Months Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	7N.	FATHER'S NAME
	M	ohn B ardella imhurun
(13	WAS DECEASED EVER IN U. S. ARM D. FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6303-Field H
1	1	for WWY 579-01-266 Cathernel Mindley Sent Plansant
	П	CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acrete Congestive heart failure
		4-4-2 X DUE TO 0 1
		Canditions, If ony, which gave rise to immediate cause (b) Candiovan Cultural Pendle Classes
		(a), stating the underlying DUE TO
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
0	ĮĮ.	PERFORMED?
	5	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	GER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Caunty) (State)
	WEG	Haur a. m. While Not while p. m. 19 of work at work at work at work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
		ACTUAL DATE SIGNED
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER
^		EXAMINER'S ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
d		NAME (Type) LAMES L. NOYZ DEPUTY MEDICAL EXAMINER & 5-59
	110.	BURIAL GERMATON 22b. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY COLLEGE COUNTY) (Story) 22d. LOGATION (City, toryogo county) (Story) (Story) (Story)
	23. (ONERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	1	the Lees - Wash. D.C. DATEAUG 4 '59 arily S. Krous

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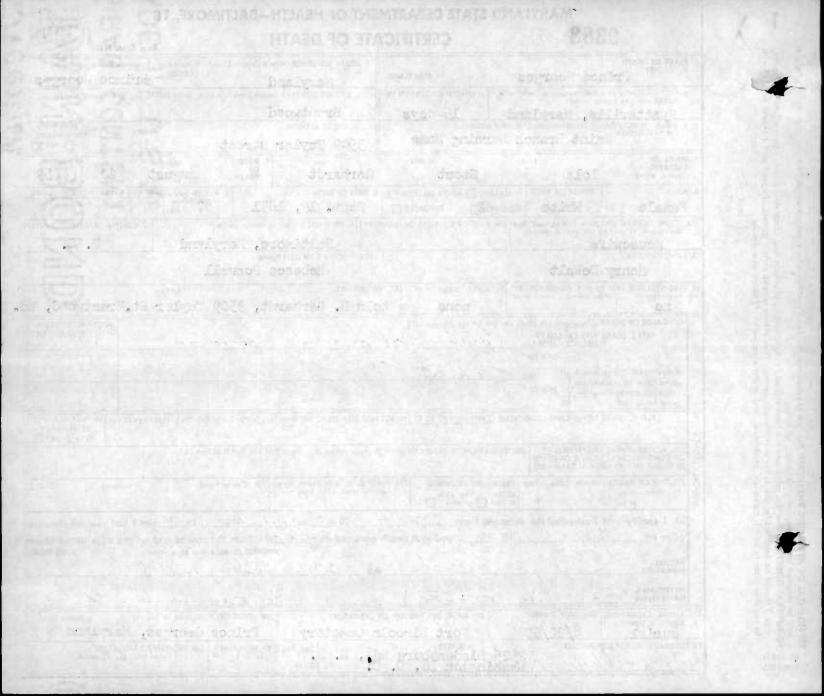
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9388

CERTIFICATE OF DEATH

09398 Reg. Dist. No.

	CE OF DEATH	nce George	s	MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Marylan		b. COUNTY	-		e odmissi Geor	
b. C	ITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If o		rote limits, write R				0
		lle. Maryl:	and	15 days		Brentwoo	d					
d 1	LAME OF HOSPIT	Al dif not in bornital a	ina stree	Lockbass		d. STREET ADDRESS					e. IS RESI	
	JK HASTITUTION	Paint Branc	ch M	ursing Home		3509 Taylor	Stree	t				FARM?
3. NA		Iola		Stout Middle		Gerhardt	4. DATE OF DEATH	Augu		20	, Y	° 59
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8 🗖	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
Fe	male	White	WIDOW	99	-	Sept. 19, 1	871	log byrthday)	Months	Days	Hours	Min.
10a. U	SUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign co		12. CIT	IZEN O	FWHAT	COUNTRY
00	Housewi	ing life, even if refired)			Baltimo			3 77	T	J. S.	
13. FAT	HER'S NAME	10				14. MOTHER'S MAIDEN N		uyland		,	, 0,	•
	Henry	DeWalt				Rebecc		rell				
15. WA	S DECEASED EVER		CES? 16	SOCIAL SECURITY NO.	17. IN	ORMANT		Adde	PSS			
(Yes, no.	no	If yes, give wor or dates of s	ervice)	none	To	la H. Gerhar	At. 35			Rmar	atamo	M M
CATION	conditions, if on over rise to in over (o), storing tring couse last. Part II. OTH	he under- DUE TO (c ER SIGNIFICANT CON)) Ditions			OT RELATED TO THE TERMI			EN IN PART		WAS A PERFOR	UTOPSY RMED?
	EITHER, NOTIFY	S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yes				(Enter noture of injury in I						
WEDICAL 200	Hour o.m.	монти, рау, те	While of wo	Not while	facto	E OF INJURY (Home, form ry, street, office bldg., etc.	, i 20f. (City	or town)	(0	County)		(Stote)
AC SIG	TUAL PHATURE YSICIAN'S LIME (Type)	Earl 1			14 leath o	occurred at 9:20/	M, fram	19.59 In the causes a reet, city or town,	nd an th	last sa ne dat	e state	deceased d abave TE SIGNE
22o. 8U RE	RIAL CREMATION MOVAL (Specify)	0114		22c. NAME OF CEMET				Igh (City, town, o	1000	No mo	(Stote)
	IERAL DIRECTOR'S		1		COTI	Cemetery		nce Georg				
25. 101	hart P	Thursouth	2525	Bladensbur	g Rd	. N. E 240. REC'I	AUG 2 1	RAR9 246. REGIS	TRAR'S SIC	NATUR	ard,	



09399

	CERTIFICATE OF BEATT	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Glorg	MARYLAND O. STAMBERYL	deceased lived. If institution; Residence before admission) b. COUNTY LUNCL LICE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress to the control of the	ENGTH OF STAY IN 16 c. CITY OR TOWN JIF OU	utside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL III not in hospital, give street addre	Home 5670	Shady Life are on a FARM? YES NO
3. NAME OF DECEASED (Type or print) EMMA B/	POMLEY GIDDING	4. DATE Month Doy Yeor OF THE DEATH LUNG 8 1959
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED Max 154/	9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND during first of working life, eyen if (retired)	OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (STOLE OF	or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN N.	un Bromley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 17. INFORMANTS OF CHARLOTTE WILL	Hullwan Litter Just
PART I. DEATH (Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which		
gove rise to immediate couse (a), stating the under-lying couse last.		Plant Branch Charles
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Po	ort I or Port II of item 18.}
	OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	
21. I certify that I attended the deceased fralive an 25859 190		2M, fram the causes and an the date stated above
ACTUAL SIGNATURE SURVEY PAIRE		DORESS (Street, city or fown, stote) DATE SIGNED DATE SIGNED
PHYSICIAN'S LEWIS PAR	IKER	8/9/3
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)	NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, of gounty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 249. REC'D	BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de may be retained by haspital or attending physician.

TO FUNERAL DIRECTURE: After this certificate has been signed by the attending physician and completely filled in by the funt page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

Page 4

MDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death;

	TE OF DEATH			
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			and Sub-Tribe Part (III) and Tribe T	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0/10

09400

3413 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY C. G. C.
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RÜRAL and give nearest town)
d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION LE AND MEMORIA HOSPITAL	2709 Valley Way YES NO
3. NAME OF DECEASED (Type or print) Ruth Isobel	Godell A. DATE Month Day Year DEATH Aug. 25 1959
5. SEX	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1 - 17 - 06 9. AGE (In years MunDer 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Penn. 4.S.A.
L. M. Fetteroff	14. MOTHER'S MAIDEN NAME Flora Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service)	THOSpital Record.
Conditions, if ony, which gove rise to immediate couse (a), stoting the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	lendocarditis The Rearf disease IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 8-11-	h accurred at 900 M, fram the causes and an the date stated abave ADDRESS (Street, city or town, state) Riverdale Md Aug 26, 1959 Riverdale, M.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug 28, 1959 Glenwood	OR CREMATORY 22d. LOCATION (City. town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS Gasch's Sons Hyattsville,	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

director, Poge 4 VDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; D FUNERAL DIRECTORY After this certificate has been signed by the attending physician and completely filled in by the fune page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 book ofter death. naspital ar attending physician. TO HOSPITAL OR ATTE may be relained by VS A15 (4) 15M 9/5S

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please exe-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9420 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09401

Reg. Dist. No.

1. PLACE OF DEATH	Podroe Ceer			LAND	2. USUAL RESIDE		· ·	If Institution			
	Prince Geor		c. LENGTH OF STAY			aryland		D11			eorges
and give nearest fowr	1	NO NO NO		NA ID	c. CITY OR TO			s, write KU	KVr aud (give negress	Town
d NAME OF HOSPIT		If not in hor	D.O.A.	ne)	d. STREET ADD	Seat Pl	easant			la 15	RESIDENCE
	eorges Gen			13)			D 7	TT-2 1-		0	N A FARM?
3. NAME OF	reorges dell				6904		Palmer		way		□ NO □
(Type or print)	Patric	ia	Jean Middle	Gr		4. DAT		Month gust		27	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	D 💹 B.	DATE OF BIRTH		9. AGE (In	A. A.	UNDER 1		NDER 24 HRS.
Female	white	WIDOWED	_	_	Oct. 26,	1952	2 6	yrs. M	ionths D	ays Haur	Min.
Oa. USUAL OCCUPATION	ON (Give kind of working life, even if relired)	dane 10b. K	IND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE	(State or forei	gn country)		12. CITIZI	EN OF WHA	T COUNTRY?
None	ig me, even il tomeco,		None		Wash	ington	D.C.		U.	S.A.	
13. FATHER'S NAME		4.0			14. MOTHER'S MAI	DEN NAME					
Irving	Walter	Gray			Jea	an Con	way				
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	ORMANT			Address			***************************************
No.	(ii joi, give wor or ourse or	35.1.27		Ir	ving W. G	ray;	same ad	dress	as #	# 2.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and congestion										
O/OX DUE TO									(Bres. attac		
Candilions, if any, which) (b) Epilepsy							3 months				
gave rise to immediate cause DUE TO											
couse lost. Post tuberculous meningitis.								63	rears		
PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY										
8 Mental r	Mental retardation										
Mental 1 You External Cal PRIMARY or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er nature of injury	in Part I or Pa	rt II af item 18.)			
20c. TIME OF INJUIT	RY Month, Day, Yes	20d. II While at wo	Nal while	Oe. PLACE factor	OF INJURY (Home, street, affice bld	e, farm, 20f. g., etc.)	(Cily or town)		(Coun	ly)	(State)
21. I certify th	nat I took charge	of the r	emains described	dabav	e, held an Au	topsy 🔂	Inspection	n 3 c,	Inquiry	and and	find that
death resulted	from: Natural	causes 🗓], Accident [],	Suici	de 🔲, Hom	icide 🗍,	Undetermi				
	1 -	0.4.4	1								
ACTUAL SIGNATURE	ohn).	47/6	loners	/	M.D. CHIEF MEDI	CAL EXAMINE				DATI	SIGNED
EXAMINER'S NAME (Type)	ohn T. Mal	oney.	M.D.			MEDICAL EXAM	band	Augu	st 28	3. 19	59
BURIAL, CREMATION BEMOVAL (Specify	N. 22b. DATE THEREC		aringto		alions	22d 10	cation (city.				ute)
23. FUNERAL DIRECTOR	S SIGNATURE	180	Washing	tion	10 p 240	. REC'D BY RE	GISTRAR 24	. REGISTRA	AR'S SIGN	KTURE	
VV , VV		-00	VI WY	41	DA	TE SEP	2 '59	0 11	8 9	4	
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VS. A15ME(5) 5M 9/55

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			N. A. W. B.	

9421

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Prince George MARYLAND Frince George Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) 4/Laurel. Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO aurel General Hospital Contee Road NAME OF DECEASED First Middle 4. DATE Last Month Doy Yeor DEATH (Type or print) Sarah Levina Green August 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost bigthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Female WIDOWED K DIVORCED | Oct. 19 White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Chalk Nellie Mills 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Laurel Addresal Hospital Hospital Records Prince George Street INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. WITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH, (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at work I attended the deceased from That I last saw the deceased alive on and that death occurred at M, fram the causes and an the date stated above. ABDRESS (Street, city or lawn, state DATE SIGNED ACTUAL PHYSICIAN'S Laurel. George Street. Maryland NAME (Type Warren 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (State) REMOVAL (Specify)

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cirthur S. Thank

ADDRESS

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VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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			SECTION OF PROPERTY	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09403

CERTIFICATE OF DEATH

			CERTIFIC	JA!	L OI DEAI			Reg. E	Dist. No).	
1. PLACE OF DEATH o. COUNTY	Pr. St. Georg	es	MARYLANI	2.	o. STATE Maryl	Where decease	ed lived. If instituti b. COUNTY	-	Geor		sion)
RURAL ond give	N (If outside carporote limits e neorest town) Irel	, write	c. LENGTH OF STAY IN 11	4	c. CITY OR TOWN (III		orote limits, write F	RURÁL onc	give ne	arest tow	n)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, gir 1002 Ashl				d. STREET ADDRESS	Ashlan	d Drive			ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mary		Middle B.	Gr	lost iebel	4. DATE OF DEATH	August	nth	17	ру	Year 19 59
5. SEX Female		7. MARR	DIVORCED		pt. 23. 18		9. AGE (In years last birthday) 77 yrs.	Months		Haurs	DER 24 HRS. Min.
10a. USUAL OCCUPA during most of w Housew	ATION (Give kind of work departing life, even if retired)	one 10b.	KIND OF BUSINESS OR INI OWN Home	DUSTRY	11. BIRTHPLACE (Stor	te or foreign o		12. C	ITIZEN (OF WHA	T COUNTRY
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN		Judia				
	Daniel Bra				Carri	e	?				
15. WAS DECEASED (Yes, no. or unknown)	VER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17	. INFO	RMANT		Add	ress			
			· ·	Jose	ph H. Grie	bel	521 S. Co	ollin	gtor	Ave	
	immediate (b).	Se per lin	roline	E	coup	euse	tion	٠.			ETWEEN D DEATH
200. ACCIDENT	THER SIGNIFICANT COND		ONTRIBUTING TO DEATH B					VEN IN PA	RT I(a)	PERF	AUTOPSY ORMED?
20c. TIME OF INJ Hour o. n	IURY Month, Doy, Year	While	JURY OCCURRED 20e. Not while at work	PLACE factory,	OF INJURY (Home, far street, office bldg., e	rm, 20f. (City	y or town)		(County)		(State)
21. I certify alive on ACTUAL SIGNATURE MPHYSICIAN'S NAME (Type)	that I attended the adole Lie	, 12_ rs	od from. 8, and that dea	M.D.	305 Pur	M, frai	m the causes of treet, gity or town,	and an	last so	aw the state of th	decease ed abov ATE SIGNI
REMOVAL (Speci Burial	Aug 21, 19		22c. NAME OF CEMETERY Holy Redee	OR CR	EMATORY		TION (City, town,	ryla		(Sto	le)
23. FUNERAL DIRECTO	Zeiler Inc.	190	ADDRESS Ol Eastern Av	re.	24g. REG	CO BY REGIST	18A8 24b. REGI		IGNATU		

DATE

191NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death After this certificate has been signed by the attending physician and campletely filled in by the funer hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be rial, cremation, or removal, and in any event within 72-haurs, ofter deaths. may be retained by hospital or attending physician.

TO FUNERAL DIRECTORY After this certificate has been signed by the attending physici page 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, crematian, or remayal, and in any event within 72-harms. TO HOSPITAL OR VS A15 (4) 15M 10/57

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certificate has been signed e as the burial-transit permi attending physician. p use ospil After FUNERAL DIRECTOR: A 9

1SM 9/58

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY o. STATE b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Cheverly Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 5905 Sheriff Road Prinza Georges General Hospital NAME OF 4. DATE Middle Month Year DECEASED (Type or print) George DEATH Hargott 19 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost bythdoy) IF UNDER I YEAR IF UNDER 24 HR S. SEX B. DATE OF BIRTH Months Days Hours DIVORCED [Male Negro WIDOWED D Oct 16, 1918 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Brick Layer Construction Morth Carolina U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Hargett Lula Jane Phillips INFORMANT STATEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ves, give wor or dates of service) sabelle Chestnut, 321 A St. N. E. Washington D.C. 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEREORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) MEDI Hour o.m. While Not while 19 of work of work 21. I certify that I attended the deceased fram. 19 Sthat I last saw the deceased and that death accurred at 4 P.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 6300 Riverdale Rd., Riverdale, Md. priar SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION DATE THEREOF 22d. LOCAJION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole REMOVAL (Specify) 23. FUNEBAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR AUG 18 ariling & Thomas VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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9424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY DUNCE OR OF SUMARYLAND	2. USUAL RESIDENCE (Where decreed lived. If Institution Residence before admission) o. STATE O
b. CITY OR TOWN (If outside corporate limit, write FURAL c. LENGTH OF STAY IN 16 and give records town):	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearly town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) Denny Ethola 7	Lost 4. DATE Month Day Year OF DEATH C 19 17
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE In years TUNDER IVEAU IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done 10b. KIND OF BUS	11. BIRTHPLACE (Stope or Egreign county) 12. CITIZEN OF WHAT COUNTRY? 14. 5-6
James Harry Harry	14. MOTHER'S MAIDEN NAME Jugia Burges
75. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. IN (1f yes, give wor or dates of service)	- Vivin Cosper, Junes #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval Between onset and Drach
Canditions, if any, which) (b) Canditions	usciles rome delisers
gove rise to immediate cause (a), stating the underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Education of Contributions)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor white at work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I taak charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry , and find that
death resolved from: Natural causes , Accident , Suic	ide, Homicide, Undetermined cause
SIGNATURE DAMEN ST SON	D. CHIEF MEDICAL EXAMINER
EXAMINER'S JAMES I. TBOY	ASSISTANT MEDICAL EXAMINER TO OLE 19, 1954
BURIAL 8-21-59 NATH MEN	CREMATORY 22d. LOCATION (City, town, or coupy) (Stok) 1 PK FALLS CHURCH Va
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/7-11-5	ASE LODGE AUG 2 1 '59 CALLAND & Krond

VS. A15ME(5) 5M 9/55

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Lee Funeral Home. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9425	CERTIFICA	ATE OF DEATH	Reg.	Dist. No.
PLACE OF DEATH G. COUNTY, The Prince	MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE	sed lived. If institution: Resid b. COUNTY	lence before admission)
b. CITY OR TOWN (If outside carporate limits (rit RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porate limits, write RURAL on	d give nearest tawn
d. NAME OF HOSPITAL (If not in hospital give stre OR INSTITUTION U 7 - 49 The	eet address)	d. STREET MODRESS	to Pare	e. IS RESIDENC ON A FARA YES NO
NAME OF DECEASED (Type or print) MANGAR	ET, ANNE	HARKIS OF DEA		- 18 Year 18 U
r-11/5	ARRIED NEVER MARRIED DWED DIVORCED	B. DATE OF BIRTH	All lead broth down	ER 1 YEAR IF UNDER 24 Days Hours M
la. USUAL OCCUPATION (Give kind af wark dane 1 dyring most of warking life, even if retired)	Ob. KIND OF BUSINESS OR INDUS	Vashing	to se	CITIZEN OF WHAT COU
FATHER'S NAME Bryon	im Payne	MARGARET	- Vikaini	T JETT
(es, no or unknown) (If yes, give wor or dates a service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT - 6	7-49 th, Cop	util Hyla,
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).}	Infantion.		INTERVAL BETWEE
260 X DUE TO Conditions, if ony, which) (b)	Supplies	mellitus		10 ye
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	acterios ch	Peronis		the
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTO PERFORMED YES NO
	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or I	Part II of item 18.)	
Haur o.m. Wh		ACE OF INJURY (Hame, farm, 20f. (Carry, street, office bldg., etc.)	City or town)	(County) (S
21. I certify that I attended the dece				I last saw the dec
ACTUAL SIGNATURE VILLAM O	Bramin.	occurred atM, fr ADDRESS	(Street, city or town, state)	DATE S
PHYSICIAN'S NAME (Type)	RAININ	Calitat	Hate my	· · · · · · · · · · · · · · · · · · ·

DATE AUG 2 4 '59

arthur S. Krans

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. certificate has been signed by the attending physician and campletely filled in by the funeral e as the burial-transit permit. Then please remove carbon papers and 2 shauld be may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR PARKET this certificate has been signed by the attending physician and can page 3 should be detached for use as the burial-transit permit. Then please remove carbon pap the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.			_		

	Prince George's	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE Florid		nstitution: Residence be UNTY Dade	efore admission)
	b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)	O.A.	c. CITY OR TOWN (IF o		write RURAL and give	neorest lown)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give Prince George's General Hospi	street address)	d. STREET ADDRESS 3003 N.W. 21			e. IS RESIDENCE ON A FARM? YES NO 🔯
	3. NAME OF First DECEASED (Type or print) Redolf A	Middle H	Errera 4	DATE OF AUG	Nonth Day	Yeor 19 59
	5. SEX Male 6. COLOR OR RACE White WIDOWED		pt. 16th, 193	9. AGE (In year lost birthday)	Months Days	IF UNDER 24 HFS. Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU during most of working life, even if retired) Walter Ho	usiness or industry	Guaimare,		USA	F WHAT COUNTRY?
)3. FATHER'S NAME Antonio Herrera	1	14. MOTHER'S MAIDEN NA Unknown	ME		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Ver. no, or unknown] Yes Unknown 14. SOCIALS I Unknown	-4076	ormant hur L. Casti		W. 21st Co	urt. Miami,
N. S.	gave rise to immediate couse (a), stating the underlying couse last. (c)	nest, fract I thigh.	ture base of			PERFORMED?
	CAUSE OF DEATH. Occupant of	an automo	er noture of injury in Port I	s in a head		bon.
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OC While No of work of work of the control of t		OF INJURY (Home, form, y, street, office bidg., etc.)	20f. (City or town) Mitchelly	ille PG	(Stote) Md.
	21. I certify that I took charge of the remoins opinion death resulted from: Notural causes [ACTUAL SIGNATURE			OMICIDE , Unc	determined monn	
	220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 8/25/1050	E OF CEMETERY OR C	REMATORY	22d. LOCATION (City, to	wn, or county)	(State)
	W.W. Chambers Company, Inc. River	RESS	24o. REC'D	BY REGISTRAR 246.	Chilling & And	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, percent the certification of the function of the funct VS. A15ME 5M 2/57

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MARKETHER STREET DEPKERTMENT OF WELLEY BELLEVILLE TO Delocation of the second of Tark and Lader and and an area The state of the s . redailitee man and an analysis to the state of the Season of 15. 8 2 23-0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Whose deceased lived. If institution: Residence before admission) o. STATE DISTRICT OI b. COURT UMBIA o. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brown Station Transient Washington 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Entrance of Thempson's Farm d. STREET ADDRESS 1006 Massacheusettes Ave Brown Station Road may be retained with the State E NAME OF Middle DATE DECEASED PATRICIA HESTER (Type or print) DEATH August ofter d 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IFUNDER TYEAR IF UNDER 24 HRS. hours o. Months Female White Jan. 22nd. 1917 WIDOWED 1 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) hours after death re Pages 1, 2, an rrm PM3. Page 5 le pages 1 and 2 Nin 72 P on North Carelina Waitress File pages my event with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME to 15. WAS DECEASED EVER IN U. S. ABMED FORCES? You, no, or unknown) | (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. Ct . 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] in pencil in Item i PART I. DEATH WAS CAUSED BY: filter. "pending" in politice dical Examiner's Office. "a used as a burial-transit political for the second of t d Texemia and Exhaustion IMMEDIATE CAUSE (0) DUF TO Lobar Pneumonia and Right Side Empyemia Conditions, if any, which gave rise to immediate cause 0 DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION he Subdural Hematema 200. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING 1 CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) during an altercation 0 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year du factory, street, office bldg., etc.) 0 of work at work Home922 45th D Page 20 0 21. 1 certify that I taak charge of the remains described above, held an Autapsy X, Inspection X. Inquiry X. AL DIRECTOR: P ignaled agent, (6/59: R) Will c O Suicide . Hamicide . Undetermined manner X apinion death resulted from: Natural causes Accident | ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE secute the case is should be funeral per its designor is should be funeral burneral ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) 0 James I. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 10 45

VS. ATSME 5M 2/57

24b. REGISTRAR'S SIGNATURE Cirilwa & House

24o. REC'D BY REGISTRAR

DATEAUG 1 7 '59

(County)

e. IS RESIDENCE NON AGARM?

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

YES X

PERFORMED?

NO [

(State)

and in my

DATE SIGNED

(Stole)

Aug. 4th. 1959

USA

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FOR STATE HEALTH DEPT.

9427 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09411

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negret found CHEVERLY	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) // MT • RAINIER
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PRINCE GEORGE	/d. STREET ADDRESS 3320-Chauncey Pl. Mt. Rainier Md ON A FARM? YES NO N
	CKEY Lost A. DATE Month OF DEATH August 15 19 59
The state of the s	Dec. 8, 1938 26 Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Attendant Gas. Station	Washington D. C. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William P. Hickey	14. MOTHER'S MAIDEN NAME Helen Dean
	Address Address Andress Pl.Mt.Rainier Md.
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO (c)	hemerrhage NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH. Operator of an a uto 20c. TIME OF INJURY Month, Doy, Year Hour o. m. Operator of an a uto While Not while of factor factor A factor Operator of an a uto	emehile which left the read and turned ever. CE OF INJURY (Home, form, 20f. (City or lown) (Caunty) (State) ary, street, office bldg., etc.) Bewie Pr. Gee. Md.
apinion death resulted from: Natural causes , Accident actual signature	
220. SURIAL, CREMATION, 22b. DATE THEREOF Aug. 18, 1959 22c. NAME OF CEMETERY OR Fort Lincoln	
23 FUNERAL DIRECTOR'S SIGNATURE W.W.Chambers Ce. 5801-Cleve. Ave. River	dale Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 2 0 '59 Conling S. Hours

TO DEPUTY MEDICAL FXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, plee execute the certifical mining the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Pula should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fill TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Heidi or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

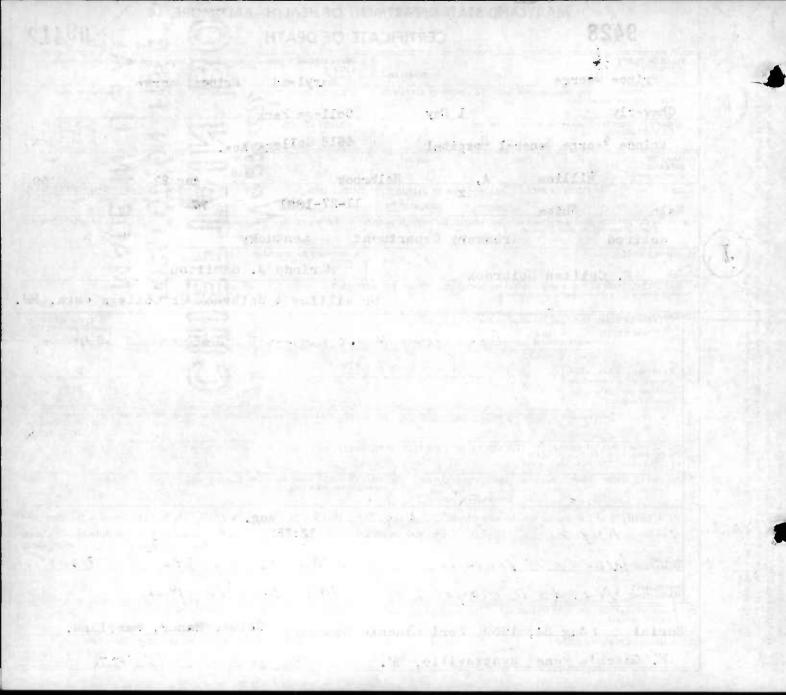
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VS A15 (4) 1SM 9/S8

9428		ENT OF HEALTH—BALTIMORE, ATE OF DEATH	, 18 Reg. Dist, No.
EATH Ince George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY of STATE b. COUNTY of STATE of STAT	NTY
TOWN (If autside corporate limits, writed give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	te RURAL and give nec
HOSPITAL (If nat in haspital, give street TUTION George General	address)	d. STREET ADDRESS 4618 College Ave.	
First	Middle		Month Da

1	Prince George	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceased lived. If institution b. COUNTY Prince George	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write R	URAL and give nearest tawn)
M	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Prince George General	et address)	d. STREET ADDRESS 4618 Colle		e. IS RESIDENCE ON A FARM? YES NOX
3	NAME OF DECEASED (Type or print) William	Middle	lost	4. DATE Mon OF DEATH	10
5	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years last birthdoy) yrs.	Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done lduring most of working life, even if refired) Retired	Db. KIND OF BUSINESS OR INDU	stry 11. 8irthplace (Siole nt Kent		12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME F. Chilton Holbr		14. MOTHER'S MAIDEN	J. Hamilton	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	NFORMANT Or William A	Holbrook Jr	College Park, Me
	18. CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITION	Toronory H		INAL DISEASE CONDITION GIV	INTERVAL BETWEEN ONSET AND DEATH 3 49-0-1
i	20g. ACCIDENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	PERFORMED?
	Hour o.m. Wh		ACE OF INJURY (Home, farr ctary, street, affice bldg., et		(County) (Stot
	21. I certify that I attended the dece alive an Aug 21 , 19 ACTUAL SIGNATURE WEEDER 15 M	of 9, and that death	accurred all2:35	PM, from the causes an ADDRESS (Street, city or town,	d an the date stated abov
1	BUNGANA	Moyel-S		oinict Ma	d,
	3. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY CO. ADDRESS	In Cemetery	22d. LOCATION (City, town, or Colman Manor 'D BY REGISTRAR 24b. REGISTRAR	
N.	F. Gasch's Sons Hya	attsville, Md.	DATELIG	25'59 Out	of & Kross



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VS A15 (4)

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D HOSPITAL OR ATT FIDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by paspital ar attending physician.	O FUNERAL DIRECTOX. After this certificate has been signed by the attending physician and campletely filled in by the funer	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld by filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death
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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9429 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND rince George Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Laurel da NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION Laurel General Hospital YES NO N Box 268 NAME OF 4. DATE First Middle Lost Month Day Yeor OF (Type or print) Eva Huber August 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days Female White WIDOWED DIVORCED | 80 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Geist Martin Reuth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying cause lost. PART II. OTHER SIGNUMCANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO X 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICA! 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21. I certify that attended the deceased from ... 1955 that I last saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN' 305 Prince George Street, Laurel, Maryland NAME (Type) John M. Warren. 220. BURIAL, CREMATION, 225 PATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Spegify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2 '59 DATESEP Chiny & Thousa

* 17 m x 2 42 13 species (13 species) (13 spe BINDLE SECTIONS tale and the second of the sec

d. STREET ADDRESS

RURAL and give nearest (own)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

1. PLACE OF DEATH

OR INSTITUTION

a. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

e. IS RESIDENCE ON A FARM?

YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

b. COUNTY

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ospitol or ottending physicion. Ifer this certificate hos been signed by the ottending physician and campletely filled in by the funer

NG PHYSICIAN: The law requires that the death certificate be

moy be retained by TO FUNERAL DIRECT

0 VS A15 15M 9/

DECEASED	0	First		Middle	Loss		4. DATE OF	Mon	th	Day	Year
(Type or print	Dess	ic	7.		HUY	-1	DEATH	Aug	- A		19 59
5. SEX	6. COLOR C	R RACE 7. M	ARRIED NEVE	R MARRIED	B. DATE OF BIRTH		9	AGE (In years)		Doys Hou	
Temai	ell	WIDO	OWED 🔀	DIVORCED 🔲	3-,24-	-189.	5	64 yrs.	741011113	Days Hot	min.
10a. USUAL OCC	CUPATION (Give kind of working life, even	of work done 1	Ob. KIND OF BU	SINESS OR INDU	STRY 11. BIRTHPL	ACE (State o	r foreign cou	intry)	12. CIT	IZEN OF WH	AT COUNTRY?
	servife		unx	lome	Va	,			1	1.5.	A.
13. FATHER'S NA	ME				14. MOTHER'S	MAIDEN N	AME			75,570	
Will	ain As	hby			All	ey	Do	dson			
15. WAS DECEA	SED EVER IN U. S. AR	MED FORCES? or dates of setylice)	16. SOCIAL SECU	RITY NO. 17.	INFORMANT	Ch	,	Addr	011		
				IH	ospital	Kee	ord				
18. CAUSE	OF DEATH [Enter or	nly one couse pe	r line far (a), (b),	and (c).]	U					INTERVAL	BETWEEN ND DEATH
PAR	I. DEATH WAS CAU	SED BY: CAUSE (a)	CORON	Any O	CCLUSIO	N				5 M	
420	.0	DUE TO	M		:/	7	F U				
	is, if ony, which	(b)	ARTERIO	SCLERO	TIC HEA	pt b	158AS	2		15+	ans
	to immediate stating the under-	DUE TO									
lying cous	-	(c)									
101	II. OTHER SIGNIFIC	ANT CONDITION	NS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR		AS AUTOPSY RFORMED?
3 9A	STILL K	SS:FC	77 ON 1	18 aug	nogo -	gen,	ne u	relieb	us	YES	□ NO □
OR CONTRI	ENT WAS UNDERLYIN BUTING [] CAUSE O NOTIFY MEDICAL EXA	F DEATH	DESCRIBE HOW I	NJURY OCCURRE	D. (Enfe) nature a	finjury in Po	ort t or Port	II of item 1B.)			
20c. TIME O	o. m.	. WI	d. INJURY OCCU	ile fo	ACE OF INJURY (I			or town)	(0	County)	(State)
	p. m.			7-1	5 33	,	1-8		7		
	tify that attend	ded the dece		/	1921	3/5/					he deceased
	11 01		, ar	nd that death	occurred at.			the causes a		he date st	DATE SIGNED
alive an		4 1						Der. 1017 01 101111,	grand)	^	Office Stolder
ACTUAL	Kourla	11/10/01	lidens	1h	7	ine	nds	11 1	nd	1	12/59
	Kowlo	nd fll	lillius	0	M.D. 7	ire	nda	le 1	nd		3/59
ACTUAL	S Deland	vd fU Wilkir	lillius nson	10	м.о	ire	nda	Md.	nd	<i>J</i>	13/59
ACTUAL SIGNATURE PHYSICIAN NAME (Typ	Roland EMATION, 226. DAT			OF CEMETERY C		River	22d. LOCATI	ON (City, town, o	or county)	<i></i>	13/59 Stole)
ACTUAL SIGNATURE PHYSICIAN NAME (Typ	Roland EMATION, 226. DAT	E THEREOF	22c. NAME	OF CEMETERY C	OR CREMATORY	River	22d. LOCATI		ANÖR	, MD	13/59 State)
ACTUAL SIGNATURE PHYSICIAN NAME (TYP) 220. BURIAL, CR BURIAL, CR BURIAL, CR BURIAL 23. FUNERAL DI	Roland	E THEREOF	22c. NAME	I LINCO	OR CREMATORY OLN	River	22d. LOCATI COL]	ON (City, town, of AR MAR MAR	ANOR	, MD	13/59 State)

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TO DEPUTY MEDICAL XAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifical writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. As should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your filter. TO FUNERAL DIRECTOR: Page 3 should be used as a byriol-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, priar to burial, crematian, or removal, and in any everythms 72 hours after death.

VS. ATSME 5M 12/57

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9395 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09417

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: R	esidence before admission)
o. COUNTY	PICAD MARYLAND	o. STATE MANUFACT b. COUNTY	mir Com
b. CITY OR TOWN (If outside corpor to limit and give negrest fown)	s. write WAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corperate limits, write RURAL	and give nearest (wn)
Dakema	Park 6 years.	17 Dakoma Tark	
d. NAME OF HOSPITAL OR INSTITUTE	ON (If not in hespital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1209- Holle	ndane	1209 - Hollon	ome YES NO
3. NAME OF DECEASED 1.2	First Middle	1) Lost 4. DATE OF Month	Doy Year
(Type or print)	en Emme	refaurer DEATH Mignest	4 1939.
5. SEX		Month	DER INEAR IF UNDER 24 HRS. hs Days Hours Min.
male White	WIDOWED DIVORCED VORK done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
during most of working life, even if reti	red)	n	14.6
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	01.3.4.
n: la Per	lacas -	Carrilla Paul	20-21
15. WAS DECEASED EVER IN U. S. ARME		NFORMANT Address	serv.
[Yes, no, or unknown] (If yes, give wor or do	No De	mo F. Relauver; same	address
18. CAUSE OF DEATH [Enter only on	I I I	1 +	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAUSED		lation	
974X DU	ETO 1		
Conditions, if ony, which)	(b) Hamani	19	
(o), storing the underlying	10		
couse fast.	(c)		
PART II, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
200. EXTERNAL CAUSE WAS	201 DESCRIBE HOW INTERNATIONAL	Enter noture of injury in Part I or Port II of item 18.)	YES NO
PRIMARY TO CONTRIBUTING CAUSE OF DEATH.	Hamaina a la	the notice of injury in Part I of Port II of Nem 18.1	
	y, Year 20d. INJUST OCCURRED 20e. PLA	CE OF INJURY Hame, form, I 20f. (City or fown)	(County) (State)
20c. TIME OF INJURY Manth, Do Hour o. m. 8-4	1959 of work of ot work	tory, greet, office bldg., etc.)	B. Gan. Mrs
	arge of the remoins described obo	ave, held on Autopsy , Inspection X. Inc	uiry ond in my
opinion death resulted from			
1 0 /	200		
ACTUAL SIGNATURE). Waloney	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		ASSISTANT MEDICAL EXAMINER	
NAME (Type) JOHN	T. MALONEY. M	.D. DEPUTY MEDICAL EXAMINER & Cugar	4, 1959.
220. BURIAL, CREMATION, 22b. DATE THE	do 17 1 T.	CREMATORY 22d. LOCATION (City, lown), or coun	(State)
burial 8/7/	9 Fort Linco		
23. FUNERAL DIRECTOR'S SIGNATURE		240. REC'D BY REGISTRAR 246. REGISTRAR'S	
The S.H. Hines Co	., 2901 14th St. N	I.W., DATE AUG 6 '59 Chilling	& Hans

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pag	Dist	No	

1 1			
	1. PLACE OF DEATH) o. COUNTY	2. USUAL RESIDENCE (Where decreased lived. If Institution: Residen o. STATE)	(a) ~
	b. CITY OR TOWN (If outside corporate Jimits, write RUR) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If avaide corporate limits, write RURAL and	aive nearen town)
	Sapital Heights The Terry	86 Cap tal Height	5
	d. NAME OF HOSPITAL OR INSTITUTION (4 not in hospital, give street address)	d. STREET APORESS	e. IS RESIDENCE ON A FARM?
	5 400 - H street	13900- A Dree	YES P NO
	3. NAME OF DECEASED (Type or print) Michael Mauna as	AK LOST OF Month OF DEATH	Day Year
		DATE OF BIRTH 9. AGE (In years PUNDER)	
	Male White WIDOWED OWORCED	Feb 20, 1921 38 yr. 1901	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST design most of working life, even if retired)	RY 11. BIRTHPLAGE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	13. FATHERS NAME	14. MOTHER'S MAIDENNIAME	2.6
	Joseph John Pilian	anne Clara Har	res
i	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18 (Yes, not, or unknown) If yes, give won, or dollar of service)	NFORMANT DAddgess 5 LO	undalle Ro
	yes would	condition Johan	Park her
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) USPU		
	Conditions, if any, which) (b) acres 18 Car	hon mon original	room
	gave rise to immediate cause (a), stating the underlying DUE TO	7 - 7	1
	couse lost. (c)	<u> </u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	20g. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING 20b. DESCRIBE HOW HUNDRY OCCURRED. (E	nter nature of injury in Part I or Part II of item 18.) •	YES NO P
	PRIMARY D'GO CONTRIBUTING PRIMARY D'GO CONTRIBUTING	on over to co	/
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20g. PLA	CE OF INJURY (Home, form, 20f. (City or town) (Country, street, affice bidg., etc.)	ity) (State)
	₹ 9 3/23 19 J of work of work	tome Capital Ne	reglet hes
	21/1 certify that I thak charge of the remains described abo		and find that
	death resulted from: Natural causes, Accident, Suice	cide , Homicide , Undetermined cause .	
	SIGNATURE DESIGNATURE DE SANDE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2	EXAMINER'S / X	ASSISTANT MEDICAL EXAMINER	1-7
	NAME (Type) AMES L. DOYC	DEPUTY MEDICAL EXAMINER 🗗 🐰	-3/37
	220. BURIAL (RÉMATION, 226. DATE THEREOF 220-NAME OF CENETERY OR REMOVAL (Specify) 8-27-59 (CIRCULA)	Mutional artington, or county	gone (Stote)
1	23. FUNERAL DIRECTOR'S SIGNATURE GO INC. NOORESS OF	A. C 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN Contlant &	
		DATE AUG 2 0 00 CACAMA A	/ CLAULE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09419

3030	Reg. Dist. No.
1. PLACE OF DEATH Prince George's MARYL	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATIATYLAND b. COUNTRINE George's
b. CITY OR TOWN (If outside carporate limits, write RURAL c. LENGTH OF STAY IN and give apprest fown) Mt Rainier 2 Wks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 3801 Varnum St.	d. street address 3801 Varnum St. o. is residence on a farm? YES \(\sqrt{NO} \)
3. NAME OF DECEASED (Type or print) BARBARA ANN KING.	Lasi 4. DATE Month Day Year OF DEATH Aug. 25 19 59
5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3 7 C 4 7 070 Igal birthday) Months Days Hours Min
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN House wife, even if retired) Own Home	NDUSTRY 11. BIRTHPLACE (State or foreign country) Washington, D. C. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Jack. Hare	14. MOTHER'S MAIDEN NAME Sally J. Mulvey
	Robert B. King (Husband) Same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) Overdose (c)	of sleeping capsules
CATIO	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{YES} \) NO \(\text{TES} \)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. P. m. 8-21 19 59 of work of work	Home Mt. Rainier Pr. Geo. Md.
21. I certify that I took charge of the remains described death resulted from: Natural couses , Accident , ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (1797) John T. Maloney, M.D.	Suicide . Homicide . Undetermined cause . M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED ASSISTANT MEDICAL EXAMINER .
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	DEPUTY MEDICAL EXAMINER August 26, 1959 Y OR CREMATORY Vet Cemetery Washington D. C. (Slote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, cute the certificate ting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.

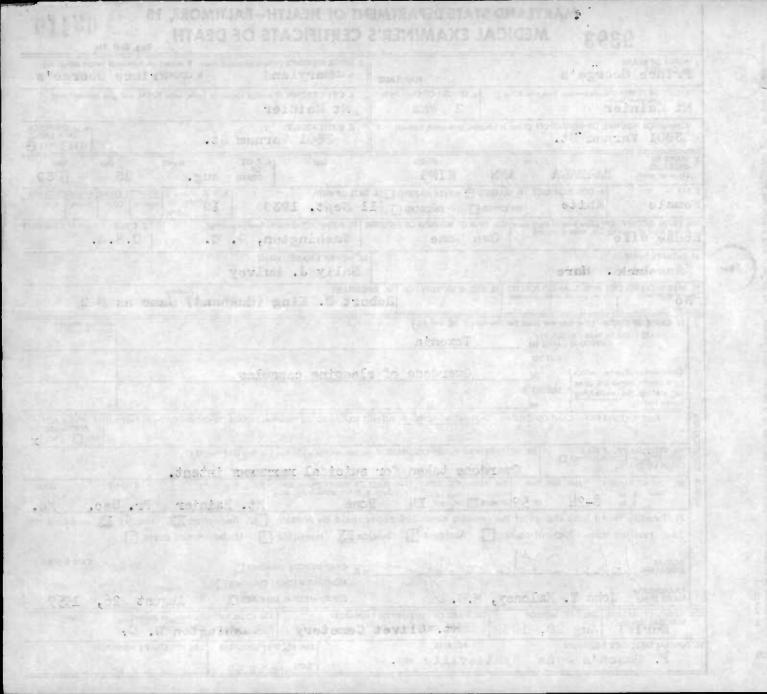
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VS. A15ME(5) 5M 9/55

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Pring	George		ARYLAND	2. USUAL RESIDENCE (WI a. STATE	1	Prince	horge			
RURAL and giv	(N (If outside corporate limits re nearest town)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If		orate limits, write F	RURAL ond	give nea	rest towr	1)
d. NAME OF HO OR INSTITUTION	OSPITAL (If nat in haspitol, gi	ve street address)		d. STREET ADDRESS		riva				FARM?
3. NAME OF DECEASED (Type or print)	Baby Girl Firs		die Qut	Last	4. DATE OF DEATH	Mai	oth	Da 13	′	Year 19 59
5. SEX		7. MARRIED NEVER MA	RRIED 🙀 B	. DATE OF BIRTH		9. AGE (In years last birthdoy) yrs.	Months			30n.
10a. USUAL OCCUP	ATION (Give kind of wark d working life, even if retired)	ane 10b. KIND OF BUSINES	S OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CIT	U.S.		OUNTRY?
13. FATHER'S NAME	ond Kehout		9 2	14. MOTHER'S MAIDEN		mn 72 - 71				
	EVER IN U. S. ARMED FORC		NO. IN	Jeraldine FORMANT	MELY H	Add				
gove rise t couse (a), stot lying couse l	if ony, which o immediate ling the under-ost. (c). OTHER SIGNIFICANT COND			explicable atibility			VEN IN PAI	RT 1(0) 1	PERFO	AUTOPSY PRMED?
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] "ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of injury in	Port I or Par	t II of item 1B.)				
Hayir 6.	M. Month, Day, Year m. 184	20d. INJURY OCCURRED While Not while at wark at work	20e. PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc	m, 20f. (Cit)	y or town)	(Caunty)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	fraves Dr.Francës	Warren, M/D.			M, from ADDRESS (S	the causes ar treet, city or town, L. J.	nd on the stote)		stated	
REMOVAL (Spe Cremation	ation, 226. Date Hitereon (cify) 8 25 59	Prince G	eorge'	s General Ho					(Stot	e)
Melin	10 Len	Hannist Administ		JI .			wing 2			

TO HOSPITAL OR ATTERNOOF PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afti may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban page. Page 1 and 2 shather registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

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G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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be retained by impospillat or differential physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral "Grectar,	e 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with	registrar priar to burial, cremation, ar remaval, and in any event within 72 hauss after death.
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within 24 haurs after death

death certificate be executed

PHYSICIAN: The law requires that the

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VS A15 (4) 15M 9/58

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) HyaHsville 1)456 d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Manor Lon YES NO Cathall 3. NAME OF Middle DATE Year DECEASED (Type or print) Kramer DEATH AUG 1957 - Pin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Months WIDOWED T DIVORCED [-10-1869 96 yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wash. Instrument 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSALINO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) MEDI Haur a. m. While Nat while at wark at wark 8-3 21. I certify that I attended the deceased fram That I last saw the deceased alive on and that death accurred at 11:10 pm, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY 22d. LOCATION (City, tawn, ar caunty) REMOVAL (Specify) DURIAL 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR AUG

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FOR STATE TO DEPUTY MEDICAL ANAMINER: This certificate should be executed within 24 haurs after death. If ony deloy is necessary, ple execute the certifical riting the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. P 4 should be farwarded to the Chief Medical Exominer's Office along with form PM3. Page 5 may be retained far your fill TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard of Heg ar its designated agent, prior to burial, cremation, or removal, and in any event with might Payours after death.

VS. A15ME 5M 2/57

9433 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				Reg	, Dist. No.
PLACE OF DEATH				Where deceased lived. If institution: R	esidence before admission)
a. COUNTY	Prince Geo	rges MARYLAND	o. STATE Virg	inia b. COUNTY	1
b. CITY OR TOWN	It outside corporete fimits, write Rt			f outside carporate limits, write RURAL	and give nearest town)
	iverdale	DOA	Alex	andria 83	x-3
		ot in hospital, give street address)	d. STREET ADDRESS	andria	e. IS RESIDENCE
Leland	Memorial H	ospital	2730 Ric	hmond Highway	YES NO
3. NAME OF DECEASED (Type or print)	William	Middle Conrad	Lanier	4. DATE Month OF DEATH August	Doy Year 5. 1959
S. SEX	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UN	DER TYEAR IF UNDER 24 HRS
Male	white w	IDOWED DIVORCED	Oct. 9	. 104 54 yrs. Month	hs Days Haurs Min.
Do. USUAL OCCUPA	TION (Give kind of work dar	106. KIND OF BUSINESS OR INDUST		ar foreign country) 12.	CITIZEN OF WHAT COUNTRY
Steelw	king life, even if retired) Orker	Construction	Geor	gia	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN		0, 0, 11,
W111:	ie A. Lani	an		78 4.4 A.1.	N=N_D
	EVER IN U. S. ARMED FORCE		FORMANT DORA	Address	ISIN -
Yes, no, or unknown)	Iff yes, give war or dates of serv	ico)	RS DOROTHY I		
740			TO DOTOTAL S		
1 1// 10 10 10 10 10 10 10	EATH [Enter only one cause	per line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhage	and shock		
910.3					
Canditions, if	ony, which (b)	Cmighed ohe	at abdome	n and pelvis	
gave rise ta imi	mediate couse	orusited cite	and ome	n and beilin	
(a), stating the					
) (c)	IONS CONTRIBUTING TO REATH BUT A	OT RELATED TO THE TERM	HALL DISEASE CONDITION CHIEF IN	0.07.1/ N/10 N/15 AUXORS
PARI II.	THER SIGNIFICANT CONOT	IONS CONTRIBUTING TO DEATH BUT N	IOI KELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN	PERFORMED?
5	1				YES NO
PART II, CO PART II, CO 200. EXTERNAL CO PRIMARY ES OF CAUSE OF DEAT	CONTRIBUTING	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Pa	rt I or Part II of item 18.)	
	н. С:	rushed under a	steel beam		
20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, for	m, i 20f. (City or town)	(County) (Stote)
12.30		I AALINIE TO MINIE TO	ory, street, office bldg., etc Building	Beltsville	Pr. Geo. Md.
		f the remoins described abo			
					juiry (and in my
opinion deol	in resulted from: No	turol causes . Accident	Suicide,	Homicide, Undetermine	d manner [_]
ACTUAL (1/ -00	. ()			DATE SIGNED
SIGNATURE	John .	Maloney	M.D. CHIEF MEDICAL E	XAMINER	DATE STOTIES
			ASSISTANT MEDIC	CAL EXAMINER	
NAME (Type)	John T. Mai	loney, M.D.	DEPUTY MEDICAL	EXAMINER X August	5, 1959
220. BURIAL CREMA	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lawn, or coun	the state of the s
BURTAL	a/ 7/50	SATANNAH GA.		GA.	
23FUMERAL DIRECT	OR'S SIGNATURE	ADDRESS 6 7 3	9 240. REC	'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
11/1/11	+	18 3/3	770		
11/1/11	undella	u Ver	and DATAU	G 1 0 '59 arthur	House

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Prince	eorge		MARYLAND	2. USUAL RESIDENCE		lived. If instituti		re admission)
b. CITY OR TOWN RURAL ond give Cheverly			TH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond give nec	arest town)
OR INSTITUTION	ttal (If not in hospitat, g			d. STREET ADDRESS 3205 Cres		The same		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Robe:		Middle	Laramy Sr.	4. DATE OF DEATH	Mon	ug 3	
5. SEX Male	6. COLOR OR RACE	7. MARRIED N	DIVORCED	B. DATE OF BIRTH	1875	9. AGE (In years last birthday) 84 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPAT dysing flost of dysing flost of the 13. FATHER'S NAME	ON (Give kind of work of high life, even if retired)	done 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI		ountry)	12. CITIZEN OF	WHAT COUNTRY
15. WAS DECEASED EV	(ER IN U. S. ARMED FOR		SECURITY NO.	INFORMANT XV	afelt	1 St Add	Hanne	e Ind
	immediate DUE TO	Cer	(c).]	LVose	ulu	oci	iden	ERVAL BETWEEN SET AND DEATH
CATIC				IT NOT RELATED TO THE TE			VEN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
20c. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF Hour a. m.	. 10	20d. INJURY O	CCURRED 20e. 8	PLACE OF INJURY (Home, f	arm, 20f. (City	385	(County)	(Stote
21. I certify alive an	that I attended the	deceased from	n. 8/1	1959, to the accurred at 12:2 M.D. 446				
22a. BURIAL, CREMATI	ON, 225 DATE THEREO	To No. N.	Sky)	OR CREMATORY	22d. LOCA	TIONICITY, town,	or county)	Pa
23 FUNERAL DIRECTO	R'S SIGNATURE	e High	DRESS		UG 6 '59		STRAR'S SIGNATU	

may be retained by the Espital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please removementan pages. Pages 1 and 2 should be the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours offer death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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5.5 TO HOSPITAL OR ATTENTION OF PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 2 may be retained by the solid or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral affector,	4)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 9. COUNTY Prince Geo			MARYLAN	ID	USUAL RESIDENCE (W. SJATE Maryland		d lived. If instituti		ce before	admission)
b. CITY OR TOWN (RURAL ond give n Cheverly	If autside carporate limit earest tawn)	s, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kent Village					st town)
OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital		1	d. STREET ADDRESS 7407 For	est R	d		1	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Firs Elma		Middle Henr	у	LeRe i	4. DATE OF DEATH	Mor	ith	Doy 28	Year 19 59
5. SEX Male		7. MARRI	IED NEVER MARRIED [D DIVORCED		June 21,	1897	9. AGE (In years last birthday) 62; yrs.	IF UNDER Months		UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATION during most of wor Saleman 13. FATHER'S NAME William	king life, even if retired)	ane 10b. i	KIND OF BUSINESS OR IN		Missou Mother's Maiden Frances: G	ri NAME			ZEN OF W	HAT COUNTRY
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	TES? 16. S	SOCIAL SECURITY NO. 9-42-6634		RMANT e LeRoi, 74		Add		filla	ge ,Md.
Conditions, if a gove rise to i couse (a), stating lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under. CC) HER SIGNIFICANT CONE AS UNDERLYING COUNTY CONE COUNTY CONE COUNTY CONE COUNTY CONE COUNTY CONE COUNTY CONE COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUN	Continues Contin	COTTON OR TO FERRE TO DEATH COTTON OF THE PROPERTY OCCU	BUT NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV rt II of item 18.}		ONSET 1 (a) 19.	PERFORMED?
Hour o. m. p. m. 21. I certify the alive an	nat I attended the 25% Dr. Til Bergon, 22b. DATE THEREO	While at wark decease, 19]	od fram flum. and that de	factory /// // ath ac	Hyatter	M fram Address (s litin	the causes an	,that I la nd an the stote)		the deceased tated above DATE SIGNED
Burial (Specify) 23. FUNERAL DIRECTOR W.W.Chambe		Riv	Arlington N ADDRESS Verdale, Md.	atic		D BY REGIS	0	Virg	SNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince Georges THE COLUMN PEXXXXXXXX MARYLAND b. CITY OR TOWN IIt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Cheverly D.O.A. Washington. D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 099 ON A FARM? 3508 Prince Georges General Hospital Minnesota Avenue YES NO NAME OF Middle Lost Day Month Year DECEASED (Type or print) Henry Martin Tarx DEATH 1959 21 Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE In years IFUNDER TYEAR IF UNDER 24 HRS. 19 (asl birthday) Months Days Hours Min. Maile White 5-3-20 WIDOWED [DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Furnace repair man Furnace oil U.S.A. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRIEDA S. Larx Henry Virginia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Evelvn Virginia Lux: same address as # 2. WORLD # . 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o) DUE TO Electrocution Conditions, If any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING Body came in contact with an electric wire while at work. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 16 21- 1959 of work of work building Landover Hills Pr. Geo. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy (Inspection), Inquiry , and find that death resulted fram: Natural causes . Accident X, Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER' NAME (Type) DEPUTY MEDICAL EXAMINER John T. Maloney, M.D. August 220. BURIAL CREMATION, 22b. DATE THEREOF 220-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS/ 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE umbern do Inc. Circles & Trans Washneston

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. [PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)
	(COUNTY Prince's George's MARYLAND	o. STATE Maryland b. COUNTY Prin	ed George's
	1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
		RURAL and give neorest town) Riverdale	14 College Park.	
	(d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
6		or institution Leland Memorial Hosp.	6709 Rollingero Aug	ON A FARM? YES NO NO
	3. 1	NAME OF First Middle	Lost 4. DATE Month	
	-	DECEASED (Type or print) Herbert Gaston	LV+1e DEATH AUGUST	Day Year 1959
	5. S		B. DATE OF BIRTH 9, AGE (In years IF UNDE	
		Male white WIDOWED DIVORCED	5-6-92 lost birthday) Months	Doys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country). 12. CI	TIZEN OF WHAT COUNTRY?
1		Educator Education	PA.	1,5,
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
/		J. Warren Lythe.	Emma Davis	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
	3	yes	vife Hilma Lytle 6709	Batt. Ave.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		ONSET AND DEATH
		141.9 DUE TO		
		Conditions, if any, which) (b) Caterona	of longue	
		gove rise to immediate cause (o), stating the under-		
		lying cause last. (c)		
	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
2	S			PERFORMED? YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (ctory, street, office bldg., etc.)	County) (State)
	MEC	P. m. 19 While Not while of work 10 of work 10		
		21. I certify that I attended the deceased from Que (, 19 97, to aug 21, 1959, that I	lost saw the deceosed
	П	olive on lugart 20, 1957, and that death	occurred ot 6 M, from the couses and on t	
-0			ADDRESS (Street, city or town, state)	DATE SIGNED
	П	SIGNATURE This, Legama, M.D.	M.D	
1		PHYSICIAN'S	41 7 1100 0	
		NAME (Type) 16e0, Legarra	(4.1) 4488 Queensbur	Rd.
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
		cremation 8/21/59 Ft. Linco	In Crematory Prince Georg	e. Md
Ц		FUNERAL DIRECTOR'S SIGNATURE 290 ADDRESS th St.		
	T	he S.H. Hines Co. Washington 9.	D. C. DATEAUG 2 4 '59 Care a	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: may be retained by the spital or ottending physician.

TO FUNERAL DIRECTO: Item this certificate has been signed by the ottending physician and completely filled in by the funeral poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to buriol, cremation, or removal, and in any event within 72 hours often death.

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
X	CERTIFICATE OF DEATH Reg. Dist. No. (19427)
1	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY MARYLAND MARYLAND O. COUNTY MARYLAND
W)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
77/	d. NAME OF HOSPITAL Who! in hospital, give street address) OR INSTITUTION Prince People Jewal 37/0-38 avenue
3	(Type or print) Clarence Raymond Mc Clelland DEATH August 19 1959
1	SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 12/0/82 9. AGE (Inferors lost birthday) Months Days Hours Min,
	DO JUSTIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Allsman Rolling Country Countr
	Charles D. mc Clelland, Emma and Terry
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PURS Ruth Hadrey or Markown Purs Ruth Hadr
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MANUAL OUT OF THE PROPERTY OF TH
	Conditions, if any, which) (b) Lydd of an Cont Cartering Clarker disease
	gove rise to immediate couse (a), stating the under-lying cause last. DUE TO (c) Paragraphic despense
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 19
Septies	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Ta Dicarr	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 of work of wor
	21. I certify that I attended the deceased from 16 - 7 1954 to 8 - 19 1959, that I last saw the deceased alive an 8 - 19 1969, and that death accurred at M. from the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL ACTUAL ADDRESS (Street, city or town, stote) DATE SIGNED
1	PHYSICIAN'S GEOR OF J. WHYEHE
2	20. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City. town, or county) (Stote)
8 12	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mt. Registrar 246. REC'D BY REGISTRAR'S SIGNATURE DATE AUG 2 5 '59 Continue of the state of
M. F	(alleys trum enal Home, mh DATE AUG 25 59 Onther & House

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FOR STATE HEALTH DEPT.

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PLACE OF DEATH							Reg. Dis	i. ivo.	
			DESCRIPTION OF	2. USUAL RESIDENCE	Where decease			ce befor	e admission)
	Prince Geo		MARYLAND	o. STATE Mary	land	b. COUNTY	Pr.	. Ge	••
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress lown) Cheverly D.O.A.				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
Prince	Georges Ge	neral	Hospital	Box	367				YES NO
NAME OF DECEASED (Type or print)	John Fir	af	Middle Glen	Lost	4. DATE OF DEATH	Month		Day	Yeor
S. SEX		7. MAPPIE	D NEVER MARRIED 8.	McCoy		August 9. AGE (in years	-	VEAD	19 59 F UNDER 24 HRS
Male	white	WIDOWED		11-8-09		fast birthday)			lours Min.
					or foreign co		10 61717	500 051	THE COUNTY
during most of working	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Construction			Virginia				U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Willia	am McCoy			Nanny	Good				
5. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT	I CELL	Address			
Yes	W.W. 2.		h-16-83h0 Rs	chel McCoy:	same	address	as #	2.	
Conditions, if o gave rise to immed (a), stating the course lost.	diote couse underlying DUE TO)	Ruptured esop						
200. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH.	USE WAS NTRIBUTING 20	06. DESCRIBE	HOW INJURY OCCURRED. (En	nter noture of injury in Pai	t I or Port II a	f item 18.)		YE	WAS AUTOPSY PERFORMED?
20c TIME OF INJUI		200. 11							
20c. TIME OF INJUI Hour o. m. p. m.	19	While at wor	Not while factor	ry, street, office bldg., etc	.)	or rown,	(Count	,,	(State)
		of wor	Not white factor	ry, street, office bldg., etc	.)		Inquiry		
21. I certify th	not I took charge	of the re	k ot work	ry, street, office bldg., etc ve, held on Autops	y X , In:	spection 🍱,	Inquiry	2 ,	
21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S	resulted from:	of the re Natural co	emoins described obovouses . Accident	ry, street, office bldg etc ve, held on Autops , Suicide , M.D. CHIEF MEDICAL E. ASSISTANT MEDIC	Homicide XAMINER AL EXAMINER	spection A , Undeter	Inquiry mined ma	onner	and in my
21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: 1 John T. Mal	oney,	emoins described obovouses . Accident	ry, street, office bldg etc re, held on Autops	Homicide XAMINER CAL EXAMINER EXAMINER	spection 🔼,	Inquiry mined mo	onner	and in my DATE SIGNED
21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: 1 John T. Mal	oney	emoins described obovouses X, Accident [ry, street, office bldg etc re, held on Autops J. Suicide J., M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	Homicide XAMINER CAL EXAMINER EXAMINER	Undeter Auguon (City, fown, or	Inquiry mined mo	onner	and in my

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessory, ple execute the certifical printing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. A should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File agest and 2 with the State Board of Ho or its designated agent, prior to buriol, cremation, or removal, and in any orbin within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09429

Rea. Dist. No.

Prince. George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. SMEryland b. COUNTY Princ	before admission) e. George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neasest form) ths	c. CITY OR TOWN (If outside corporate limits, write RURAL and give District. Heights	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. street address 3100.Ramblewood.Dr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Roxie. Pearl. McInt	turff 4. DATE Month OF DEATH August 27.1	959 • 19
5. SEX Female 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK Bindery Publishing	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ O Virginia	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Rinker	UNKNOWN	
	nformant Lisie Miller - 3100 - Ranmble	wood Dr.
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate coess (o), stoting the under-lying couse lost. Conditions of the under-lying couse lost.	THROMBOSIS SION	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIABLE TES MELLIT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTIN	LO	(e) 19. WAS AUTOPSY PERFORMED? YES NO (2)
	D. (Enter noture of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to thour o. m. 19 While of work of work	ACE OF INJURY IHome, farm, 20f. (City or town) (Corctory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from MAR alive on 8/27, 1959, and that death signature PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	M.D. 483> H. PARMA	date stoted abov DATE SIGNI PAL EG V21-D
BEEMOTA (Specify) 8-29-59 Ceder Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 - ational Suitland, and	(Stote)
Lee Funeral Home Washington D.	C. 246. REC'D BY REGISTEAR 246. REGISTRAR'S SIGN	Krang

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ther this certificate has been signed by the attending physician and campletely filled in by the funeral dear use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be, the registrar priar ta burial, crematian. ar removal, and in any event within 72 habrs after page 3 shauld be detached far use as the burial-transit permit. may be retained by to TO FUNERAL DIRECTO VS A15 (4) 15M 9/55

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	HARCEPHANE ROL		SIMIL SOCIETY
		married on L. T. E.P. L.	
		St. Mark V	
			VEN A C TOWNSON
			MARKET STREET

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. PLACE OF DEATH				112	HELLAL BESIDENCE AND		al throad 16 hazatarat		ist. No		inal
o. COUNTY			MARYLAN		o. STATE		b. COUNTY				
	ince George		c. LENGTH OF STAY IN		Maryl					eorg	
RURAL and give	nearest town)	is, write	6 days		c. CITY OR TOWN (IF	tsvill		UKAL ONG	give ne	aresi iawi	')
d. NAME OF HOS	PITAL (If not in hospital, g	give street			d. STREET ADDRESS				100	e. IS RES	IDENCE FARM?
Pri	ce Georges	Gener	cal Hospital		4314	lagge	tt Rd.			YES [
NAME OF DECEASED	Fit		Middle		Last	4. DATE OF	Mor	th	Do	у	Year
(Type or print)	Nett:				Leish	DEATH	Aug		5		19 59
S. SEX		7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAF	Hours	R 24 HR
Female	White	WIDOW	/ED DIVORCED		21 July 19	907	52 yrs.	14.0111113	Duys	110015	Witt.
Oa. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b	. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CI		F WHAT C	OUNTRY
	wife		own Home		Md			U	SA		
3. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
Reuber	E Brown				Matilda	Stil	lings				
5. WAS DECEASED I	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
(100)	no	,		Da	avid Mc Le	ish	Hyattsv	ille	, Mo	1.	
1B. CAUSE OF	EATH Enter only one co	use per l	ine for (o), (b), and (c).]		1		,			ERVAL BE	
PART I.	PEATH WAS CAUSED BY:		Bilateral	h	ydroner	ohla	KUS		ON	SET AND	DEATH
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Conditions, in	and the N		Metera	0,	o bithu	to	70				
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lying couse la	immediate DUE TO	:)(Cancin CONTRIBUTING TO DEATH	O T	T RELATED TO THE TERM				RT 1(o)	19. WAS	AUTOPS
cause (a), stati	immediate DUE TO	:)(Cancin	Ovr	T RELATED TO THE TERM				RT 1(o)	19. WAS PERFO	AUTOPS1
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Cause (a), stoti lying couse la PART II. (PART III. (OR CONTRIBUTI (IF EITHER, NOT	mmediate DUE TO the property of the property	DITIONS	SCRIBE HOW INJURY OCCI	JRRED. (E		Port I or Po	SE CONDITION GIV	EN IN PA		19. WAS PERFO YES	AUTOPS) PRMED?
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Couse (a), stotilying couse lo PART II. (I) 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT) 20c. TIME OF IN. Hour o. i. P. r 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	mmediate graphs and the state of the state o	20b. DE: 20b. DE: While of wo decea	INJURY OCCURRED Not while of work sed fram	PLACE foctory eath ac M.D.	of INJURY (Home, for, street, office bldg., et, 19 57, ta_curred at, 40	Port I or Po	ort II of item 18.) by or town) the the causes are street, city or town,	(that I I and an the state)	(County)	19. WAS PERFO	(Stote
Cause (a), stotilying couse lo PART II. (I) 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT) 20c. TIME OF IN. Hour o P. r 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMA	mmediate graphs and the state of the state o	ar 20d. While of wo decea, 19.	INJURY OCCURRED Not while of work of work of work of work of work of work of the work of t	PLACE foctory M.D. MY OR CRY OR CR	OF INJURY (Home, form, street, office bidg., et, 19 57, to, curred at, 40	Port I or Po	ort II of item 18.) by or town) the causes are street, city or town, ATION (City, town,	(that I I and an the state)	(County)	WASS PERFOYES W the ce stated DA'	AUTOPS DRMED? NO [(Sto
cause (a), stotilying couse lo PART II. (I) 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF IN. Hour o. (P. I) 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	mmediate graphs was underlying and cause of death for medical examiner) WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Ye on 19 that I attended the 8-4 URLCC Dr. Waldo Tion, 22b. Date Thereo Aug 8,	ar 20d. While of wo decea, 19.	INJURY OCCURRED Not while of work of work of work of work of work of work of the work of t	PLACE foctory M.D. MY OR CRY OR CR	of INJURY (Home, for, street, office bldg., et, 19 57, ta_curred at, 40 3503 Mt. REMATORY Cemetery	Port I or Po	or town) The causes are Street, city or town, The Causes are Street, city or town, The Management of the causes are the causes	(that I I ad an the state)	(County)	WASS PERFORMER TO THE P	(Stol

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by the spital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CRITT	CALE		PEATH

	OLICITI 107	TIE OI DEXTIII	Reg. Dis	t. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased I		e before admission)
o. COUNTY Prince George	MARYLAND	o. STATE Marvland	b. COUNTY	1.00
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporal	ARUN de limits, write RURAL and a	
RURAL and give nearest town)			000	2
Cheverly	3 days	West River	Odx	- ~ · · · · · · · · · · · · · · · · · ·
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Georges General	Hospital	d. STREET ADDRESS Cahlk Point Ro	ad	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First	Middle	Last 4. DATE	Month	Day Year
DECEASED (Type or print) Raymond E		Merchant OF DEATH	Aug	9 1959
SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9.		1 YEAR IF UNDER 24 HR
Male Whit e wipowi	ED DIVORCED	6 August 1959	last birthday) Months	Doys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b.				ZEN OF WHAT COUNTR
during most of working life, even if retired)				U.S.A.
		Cheverly, Ma	Tyrand	U.D.R.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Raymond Eugene Merchant		Dorothy Elizabet	h Thomas	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. I	NFORMANT	Address	
es, no, or unknown) [If yes, give war or dates of service)	nana Rav	mond Eugene Merc	hant -Chall	k Point. 1
no	110110			
18. CAUSE OF DEATH [Enter only one couse per lin				ONSEI AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	tal Ateleotasi	.8	and the second	o days
762.5 DUE TO	Fig. 1627 (2011)			
Conditions, if any, which)	maturity (weigh	tht 1900 gms. length	49 cm.)	3 days
gove rise to immediate				
couse (o), stoting the under-				
lying cause lost.) (c)				L JID WAS AUTORS
PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port 1	of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City o	r town)	County) (Stot
Hour a.m. While		ctory, street, office bldg., etc.)		(5.5.
p. m. 19 at wor	k ot work		X	
21. I certify that I attended the deceas	ed from 6 aug	1954 to 9 Chi	9 1957 that I la	st sow the decease
alive on 9 Mars. 19	~	12.05 AM	e couses and on the	
dive on the	$\frac{3.7}{1.00}$, and that death	ADDRESS (Mar	et, city or tawn (State)	DATE SIGN
ACTUAL ROYA	/	ADDRESS STORE	er, city of lown store)	20 / 12/
SIGNATURE / DOOS	ee .	M.D. Mapper /	1 arecevo 1	19 Jaug
authors and		//		/
PHYSICIAN'S NAME (Type) Dr. Robert B. S.	asser. M.D.			
O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P CREAMITORY 224 LOCATIO	ON (City, town, or apunty)	. A (Stote)*
REMOVAL (Specify)	Co don die	000 090		M. H.
BUKIAL 8-11-27	Sulle Hill	L Deux Pierre	THE PARTY AND	Frand III
EUNERAL DIRECTOR'S SIGNATURE	2 ADDRESS VV	2/0. REC'D BY REGISTR		
Markey IV FINING	15 1300-Ne	DATE AUG 11 "	59 Cirthur	8. Thous

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTERMING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 hauld be the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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Rea. Dist. No.

Page 4

d in by the funed and 2 shauld b the attending physician and campletely filled Pages 1 papers. Then please remave carbon ofter for use as the burial-transit TO FUNERAL DIRECTO Afre page 3 should be detached

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

VS A15 (4) 15M 9/55

o. COUNTY Prince George Co MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. SLATE b. COUNTY Prince Geo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 20	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 20
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3361 Southern Avenue	/ d. STREET ADDRESS 3361 Southern Avenue on a FARM? YES NO TO
	OVICH 4. DATE Month Day Year OF DEATH August 5. 19 59
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 7, 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied) Ret. Plate Printer Burring Corn. 13. FATHER'S NAME	rnhent Wash. DC USA. 14. MOTHER'S MAIDEN NAME
(Yes, no. or unknown) (If yes, give wor or dates of service)	Mary Teresa Ratto NFORMANT Address Argaret B. Milovich #2dWife
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under-lying cause lost. (c)	0-1-
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Port I or Port II of intern 18.)
	ACE OF INJURY (Home, farm, clory, street, office bidg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 195 alive on May 5, and that death ACTUAL SIGNATURE PHYSICIAN'S Joseph H. Thibadeau	M.D. 3112 Alabama Avenue S.E. DC 20
220. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY O BURIAL 8-8-1959 Mt. Olivet	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
James T. Ryan, Inc. 317 Pa. Av	7 e . , SE DATE AUG 1 0 '59 Cullur & H.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9442

CERTIFICATE OF DEATH

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	CERTIFICA	AIE OF DEAT		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	b. COU	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland		ite RURAL and give nearest lown)
RURAL and give nearest town)		V	conside corporole limits, wi	tie kokat ond give nedresi town)
d. NAME OF HOSPITAL (If not in hospital, give street	6 Days	Bowie		AC RECIDENCE
OR INSTITUTION	spital	d. STREET ADDRESS Lanham Sev	ern Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	-	INNICK Last	4. DATE	Month Day Year
(Type or print)	CARL R.	NXXX	OF DEATH Ass	22 10 50
MR A LEGIT GAGE		B. DATE OF BIRTH	9. AGE (In ye	
S. SEX Male 6. COLOR OR RACE 7. MAR WIDOW		7-3-05	lost birthde	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Regional Director Defense	KIND OF BUSINESS OF INDU	Washi	or foreign country) ngton, D.C.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Adam Uriah Minnick		Carolyn	Jane Thompso	n
	SOCIAL SECURITY NO. 1	NFORMANT	Lanh	Am Severn Road
(Yes, no. or unknown) (If yes, give wer or dates of service)	78-07-8155 M	rs. Marie A.	Minnick, Bow	ie, Maryland
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mas	sive Coronary	Occlusion a	nt. post. inf	arction 0-15-59
	,0210 0010122,	0002.00.00		
	ertensive card	io-vascular	disease	
couse (a), stoting the under-				
lying couse lost. (c)	CONTRIBUTING TO DESTRUCT	NOT DELITED TO THE TEN		1
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)
		ACE OF INJURY (Home, for		(County) (Stote
Hour o. m. 19 While of wor	INDI WILLIE	ctory, street, office bldg., et	(c.)	
		. 0	102 100	75
21. I certify that I attended the decease				,that I last saw the deceased
alive an 8/21/59 19	, and that death	occurred at 12.2	214 Pom the causes	and an the date stated obove
0			ADDRESS (Street, city or to	own, stote) DATE SIGNED
SIGNATURE	geage	M.D. 3717 38th	mye. cottag	ge city 8/21/59
PHYSICIAN'S				
NAME (Type) George J	Надеаде			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	wn, or county) (Stote)
BURIAL (Specify) 8/24/59		METERY		RGES COUNTY, MD.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g RFC	D BY REGISTRAR 24b. F	REGISTRAR'S SIGNATURE
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC.	SILVER SPRI	NIC MD	AUG 2 5 '59	Clithun S. Kraus
Kumoud H. Ziska	1 1	DATE	100 20 00	Co.com B. Toland

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FOR STATE HEALTH DEPT.

9497 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09434

Rea Dist No.

					Keg. Dist. 140	
1. PLACE OF DEATH o. COUNTY PRINCE GEORGE	MARYLAND	2. USUAL RESIDENCE (V. o. STATE MARY)	Where deceased liv	ed. If instituti b. COUNTY	PRINCE	fore admission)
and give nearest town)	FE	c. CITY OR TOWN (I		limits, write R	URAL and give n	eorest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give NONE	street address)	STREET ADDRESS NONE				IS RESIDENCE ON A FARM? YES
3. NAME OF DECEASED (Type or print) VINCENT CHARLES	MONTGQME	Cast Last	4. DATE OF DEATH	Month AUGUST	Doy	Year 19 59
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEV WIDOWED	DIVORCED D	96. 21, 1930	2	Burthday)	Manths Days	IF UNDER 24 HRS. Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Construction	usiness or industration Co	Y 11. BIRTHPLACE (Stole Marlbero N	or foreign country	1)	U. S.	F WHAT COUNTRY?
13. FATHER'S NAME John James Montgomery		14. MOTHER'S MAIDEN ! Derothy C.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, ne, er unknown) [If yes, give wor ar doles of service)		othy Montg	emery	Address Pemonke	y, Mary	land
Canditions, if any, which gave rise la immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	hat a	INAL DISEASE CON	NOITION GIVE		9. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.	it du	7	en a	lte	cal	tim
	while factor	E OF INJURY (Home, farm y, street, affice bldg., etc.	Goe	ahe	Inquiry I	(State)
opinion deoth resulted from: Natural causes					1 / 2	,
ACTUAL SIGNATURE	Soul	M.D. CHIEF MEDICAL EX				DATE SIGNED
EXAMINER'S LAMES I !	Soyd	DEPUTY MEDICAL	7	8	-1-5	4
REMOVAL (Specify) 8/6/59 5m	of cemetery or ch	epil a	Char	(City, lawn, or	county)	md.
23. FUNERAL DIRECTOR'S SIGNATURE Jenkins 4	LYOY L	A. Aug DATE	D BY REGISTRAR 4 '59		RAR'S SIGNATUR	!E
January 4	1710	11.100				

TO DEPUTY MEDICAL FXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory please execute the certification that word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your form to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File regions 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, ar removal, and in any feeth within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirston) o. COUNTYb. COUNTY b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY porporate limits, write RURAL and pi RURAL and give negrest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) STREPT ADDRESS 07 ON A FARM? YES NO NAME OF DATE Yeor DECEASED (Type or print) DEATH 19 5 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours DIVORCED | WIDOWED TO 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) RY 11. BIRTHPLACE (State or foreign count 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME tjo 15. WAS DECEASED EVERAN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1120.1 DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the under-Proscleris lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Q. /1. Not while of work ot work 21. I certify that I attended the deceased from 1977 that I last saw the deceased alive on_. and that death occurred at OSAM, from the causes and on the date stated above. CHARLADDRESS (STANRER Collegen, stote) DATE SIGNED ACTUAL 6801 - 6TH STREET, N. W. SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAN CREMATION, 225, DATE, THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 Childy S. Thousa DATE AUG 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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EM)	o. COUNTY
Page 1	b. CITY OR TOWN
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090 PF	d NAME OF HOS
2-	1061/11/

9391 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

8 (19438) Reg. Dist. No.

1. P	COUNTY	0			2. USUAL RESID	ENCE (Where		d. If institution: Res	idence befor	re admission)
	Trince	Geord	ES' MA	RYLAND	P	1d.		B. COUNTY	105	Leoros.
ь	CITY OR TOWN (If outside corp RURAL and give helografication)		1 1	-	16 CITY OR TO	OWN (If outs	ide corporote li	imits, write RURAL o	nd give nea	resylown >
	NAME OF HOSPITAL (If not in I	haspitel give stree	- 6 CUTS	J.	d. STREET AD	IDPESS	er			e. IS RESIDENCE
	CE INSTITUTION DICKNI	ih Mus	sind He	مردور	400	4 2	1 3h	57.		ON A FARM? YES NO
3. N	IAME OF	First	Mide	dle	Lost	4	DATE	Month	Da	y Yeor
	ECEASED (ype or print)	mme		025	Mun	r74	OF DEATH	Audust	21	19.59
5. S	6. COLOR	DR RACE 7. MA	RRIED NEVER MAI	RRIED	8. DATE OF BIRTH	Jear	9. At	GE (In years IF UN st birthdoy) Mant		IF UNDER 24 MRS.
h	emoste who	WIDON	VED DIVOR	CED 🔲	Mary 1	6, unk	nown	70 2 yrs.	hs Days	Hours Min.
10a.	USUAL/OCCUPATION (Give kind	of work done 10	. KIND OF BUSINESS	OR INDUS	STRY 11 BIRTHPLA	ACE (State or	foreign country	12.	CITIZEN O	F WHAT COUNTRY?
	during most of working life; even	ir retired)			11/14	allen	10541	X	41.	5. A.
13. F	ATHER'S NAME				14. MOTHER'S	MAIDEN NAM	AE ASCAL	(1131 EXCY		
	Villy, il	. 4.00/	1 14		6	_				
15 1	VAS DECEASED EVER IN U. S. AR	MED FORCES?	S. SOCIAL SECURITY I	10 17 H	NFORMANT	Sands	-	Address		
	no, or ynknown) (If yes, give war	or dates of service)		10. 17. 1	1	11/1		Address	deTb	hia, Md.
	No		none	110	MISING	Moz	me I	necord	22.	
	18. CAUSE OF DEATH [Enter or		line far (a), (b), and	(c).]				/	INTE	ERVAL BETWEEN
- 4	PART I. DEATH WAS CAL IMMEDIATE	JSED 8Y: CAUSE (o)	erebro ve	scula	or Accid	lent				2-3 days
	420.0	DUE TO								0
	Conditions, if any, which)	. (Thanktive	201	lerioscle,	rotic	heart	Disease		5-6 monts
	gove rise to immediate	DUE TO	0			0-7-0		- 300		
	lying couse lost.		dvance V	2160	- soloes	2,2				/.
z	PART II. OTHER SIGNIFIC	101					L DISEASE COA	IDITION CIVEN IN	DADT 14 . 12	O WAS AUTORSY
ATIO	PART III. OTHER SIGNIFIC	AINT CONDITION:	CONTRIBUTING TO	DEATH BOT	NOT KELATED TO	THE LEKWINA	IL DISEASE CON	ADITION GIVEN IN	PAKI I(0)	PERFORMED?
문	20a. ACCIDENT WAS UNDERLYIN	VG [7] 206 DE	SCRIBE HOW INJURY	OCCUPPE	D. /Fater nature of	injury in Part	L or Part II of	item 10 1		YES NO
Ü	OR CONTRIBUTING [] CAUSE O	F DEATH	SCRIBE TION INJORT	OCCORRE	D. (Liner notore of	injury in ruii	T GI T GIT II OI	nem ro.,		
		Day, Year 20d.	INJURY OCCURRED	20e. PL/	ACE OF INJURY (H	lome, form,	20f. (City or to	wn)	(County)	(State)
MEDI	Hour o.m.	19 While	e Not while	too	ctory, street, office	bldg., etc.)				
- 1	21. I certify that I attend			anch	1952	10 an	ec 21	1059 4	. 1 1	w the deceased
	1									
	alive an Mug 21	, 19	59, and th	at death	accurred at_				n the dat	
	ACTUAL PO-	a 1			710		DKESS (Street,	city or town, state)		DATE SIGNED
	SIGNATURE John	D. Trey			M.D. /10	5 Ku	590 K	al.		
	PHYSICIAN'S RAME (Type)	ert -1	3. In	250	Hay	there	00.	Ind.		
222	(1)	TE THEREOF	M- NAME OF CO	7	/-					
-	REMOVAL (Specify)	//c	22c. NAME OF CI				-	(City, town, or coun		(Stote)
_	urial 8/25	2/59	Louden	Par	c Cemet		Balti		aryla	
Th	e S.H. Hines	0 - 290	1 lith's	t. N	.W	24o. REC'D 8	Y REGISTRAR	24b. REGISTRAR'S	SIGNATUR	RE
		Was	hington	9.D.	C.	DATE ALIG	2 4 '59	Cally	2 Ke.	44
_					And the second second	300				

Manager R. Commission of the C

CERTIFICATE OF DEATH

119439 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY PRINCE DEDRGEMAND	2. USUAL RESIDENCE (Where deceased lived. If institution Resident o. STATE MARY LAND b. COUNTY PR	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give near strown)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and a	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4204-32 NO ST	d. STREET ADDRESS 4204 ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARL First EDWARD	NORDEEN 4. DATE Month OF DEATH AUG	Doy Year 18 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH OCT 14, 1888 9. AGE (In years let birthday) Months Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU dyring mass of working life, even if retired) RETIRED	NEGRASKA	USA
JONAS NORDEEN	CELIA OSTLUN	D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or uphnown) (If yes, give wor or dotes of service)	MRS, ELEANOR NORDBEA	MT KAINI
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost. DUE TO (b) ARTERIOSCI (c)	LEROTIC HEART DISEASE	& MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE UIF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Mile Not while ot work at work 19	LACE OF INJURY (Home, form, catery, street, affice bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased fram AN I alive an AUG 18 , 19 9, and that death	h accurred at 9 A.M. from the causes and an th	ast saw the deceased ne date stated above DATE SIGNED
PHYSICIAN'S SAHUEL J. N. SUGAR	MT. RAINIER, MA	AUG 18, 19
220. BURIAL, CREMATION, 22b. DATE THEREOF Port Linco	on Cemetery Colmar Manor, Mc	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIC AUG 2 1 '59 Criting	S. Huma

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ther this certificate has been signed by the attending physician and completely filled in by the funer of for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should by the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after deat may be retained by copital or attending physician.

TO FUNERAL DIRECTCA (first this certificate has been signed by page 3 should be detached for use as the burial-transit permit. VS A15 (4) 1SM 9/55

	CERTIFICATE OF DEATH	4696
ATTENDED TO SEE	And the second s	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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may be retained by the pital or attending physician.

2 FUNERAL DIRECTOR: Arier this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 shauld be the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDED May be retained by the TO FUNERAL DIRECTOR:

VS A1S (4) 1SM 9/SB

IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



9444

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

09441

JIII				Keg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (WO O. STATE Maryle	here deceased lived. If ins b. COU	titution: Residence before a	dmissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a 25 River	autside carporote limits, wi	rite RURAL and give nearest	tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Prince Georges General		d. STREET ADDRESS			S RESIDENCE ON A FARM? ES NO (1)
3. NAME OF DECEASED (Type or print) Charles	Middle Henry	Orton	4. DATE OF DEATH	Manth Day	Year 19 59
5. SEX Male 6. COLOR OR RACE 7. MARRI WIDOWE	-	June 12,18	9. AGE (In y last birthd 76	ears IF UNDER 1 YEAR IF I ay) Manths Days He	UNDER 24 HRS. aurs Min.
	kind of Business or Indus			U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I			
Willie Ellis Orton IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give wor or dates of service) None		NFORMANT	Caroline Voy 590 n. Sister.Ri	02 Ravenswood verdale Hights	Rd.
Conditions, if any, which gave rise to immediate cause (o), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING 20b. DESCOOR CONTRIBUTING 2CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Selse,	NOT RELATED TO THE TERM	m. Del prencional Disease Condition		NAS AUTOPSY ERFORMED?
	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Part I ar Part II of item 1B	.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 While at wark	Nat while for	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc		(Caunty)	(State)
21. I certify that I attended the decease alive an CLAG 195 ACTUAL SIGNATURE AND R GOOD PHYSICIAN'S NAME (Type) James R. Good	9, and that death		M, fram the causes ADDRESS (Street, city or t	shington D.C.	ated abave. DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) 9/3/1959	22c. NAME OF CEMETERY OF Fort Lincoln		22d. LOCATION (City, to	iwn, ar caunty)	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE ANY, Rive	·	24a. REC	D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE	Law &

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0	E	0	d.	the registror prior to buriol, crematian, or remayal, and in any event within 72 hours ofter death.
1/5	A 10	-	43	
25 TO HOSPITAL OR ATTEMPING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	see may be retained by the spital or attending physician.	51	4)	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9445

09442 Reg. Dist. No.

a. COUN	of DEATH NTY NGO GOORGO		phys	M	ARYLAND	2. USUAL RES O. STATE Marylar	IDENCE (Wh	ere deceased	lived. If institution COUNTY		A	odmission)
b. CITY RURA	OR TOWN (If outside of L ond give nearest town		ts, write	c. LENGTH OF S		-	TOWN (If o		ote limits, write F			t town)
OR IN	E OF HOSPITAL (If not NSTITUTION GOORGE			MANAGE IN THE REAL PROPERTY.		d. STREET 6216 Os		Rd.				S RESIDENC ON A FARM ES NO
3. NAME C DECEASI (Type or	ED (Clara) print) C	Fire larriss			anohe	Psl	orne	4. DATE OF DEATH	Au		Day	Year 19 5 9
s. sex	6. COL	OR OR RACE	7. MARR	ED NEVER MA	ARRIED	8. DATE OF BIR			9. AGE (In years last birthday) 69 yrs.	Months Months		UNDER 24 H
during	OCCUPATION (Give most of working life, e	kind of work oven if retired)	done 10b.	KIND OF BUSINES	S OR INDU	-	ginia		untry)		J.S.A.	HATCOUNT
	istopher Co	lumbus	Jone	es			ginia					
1S. WAS DE	ECEASED EVER IN U. S	ARMED FOR	CES? 16.	SOCIAL SECURITY	NO.	NFORMANT			Add	ress		Md.
gove cause lying	litians, if any, which rise to immediate (a), stating the under couse lost. PART II. OTHER SIGNI	DUE TO		QUESTS	yed DEATH BUT	NOT RELATED T	OTHE TERMI	LEFE NAL DISEASE	CLS SONDIJON GIV	VEN IN PAI	RT 1(o) 19.	WAS AUTOP
(IF EITH	CCIDENT WAS UNDER	LYING E OF DEATH EXAMINER)	20b. DESC	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature	of injury in F	Messort I or Port	Il of item 18.)			PERFORMED?
	ME OF INJURY Month four a.m. p.m.	, Day, Yea	While	NJURY OCCURRED Not while t ot wark	20e. PL fo	ACE OF INJURY ctory, street, office	(Home, form ce bldg., etc.	, 20f. (City	or town)	((County)	(Ste
21. I alive	TURE TURE	liam D.Ross	200	10	hat leath	0ccurred of			the causes are eet, city or town,	nd an th		he decease tated about ATE SIGN
Buri	L, CREMATION, 22b.	DATE THEREO	f 1959	Fort		R CREMATORY n Ceme1	tery	22d. LOCATI	ION (City town,		1	(Stote)
	asch's Son		ttsv	ADDRESS	1 10/2		240. REC'I	8Y REGISTI 21 '59	RAR 24b. REG	STRAR'S SI	10	

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New York (Market)		770 BA BA	normal and the same
			STATE OF THE STATE

09443

(1344,

	Keg. Dist. No.	
Prince George's Marylant	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before by 9. STATE	
	I I Ince we	orge's
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b cond give necrest love. Cheverly D. O. A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nec	prest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		. IS RESIDENCE
Prince George's General Hospital	4709 Baltimore Ave.	YES NO
3. NAME OF DECEASED (Type or print) HARRY First ALLEN OV	ELMAN Lost A. DATE Month Doy DEATH Aug. 21	Year 19 59
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 21 White WIDOWED DIVORCED	and the second s	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jacks Roofing		WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	140 170
Harvey A. Ovelman	Matilda Neurath	
IVes no or unknown) to life use raises were as detected to service)	INFORMANT Address Gertrude L. Bateman (Sister) Same	as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congest DUE TO	tive heart failure	AL BETWEEN AND DEATH
	ar renal disease	
couse fost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED? S NO 1
	(Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o, m, p. m. 19 20d. INJURY OCCURRED 20e. PI for work of work 19 of w	LACE OF INJURY (Home, form, 20f. (City or town) (County) actory, street, office bldg., etc.)	(State)
21. I certify that I taak charge of the remains described ab	pave, held an Autapsy 🔲, Inspection 💢, Inquiry 💽,	and find the
death resulted from: Natural causes , Accident , Si	uicide, Hamicide, Undetermined cause	
SIGNATURE John J. Maloney	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) John T. Maloney, M.D.	ASSISTANT MEDICAL EXAMINER August 21, 1	.951
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) Burial 8/24/59 Fort Lincol		(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAD'S SIGNATURE	
F. Gasch's Sons Hyattsville, Md.	DATE AUG 2 4 '59 Critar S. Krans	

emotion, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If ony deloy is necessory, please cute the certificate, ing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burials cremo

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9447

CERTIFICATE OF DEATH

Reg. Dist. No. 9444

(PLACE OF DEATH O. COUNTY Prince	Georges			LAND	2. USUAL RESIDENCE a. STATE Maryland		b. COUNT Count	Υ			
	b. CITY OR TOWN (I RURAL and give no Cheve	f autside carporate limi parest tawn) rly	ts, write	c. LENGTH OF STAY 3 Davs	IN 1b	c. city or town		porate limits, write	ŘÚRAL and	give ne	arest town	1)
	d. NAME OF HOSPIT	AL (If not in hospital, g George Gene	ral	address)		d. STREET ADDRES		t				FARM?
	NAME OF DECEASED (Type or print)	James		Raymoffd° XXX		Lost	4. DATE OF DEAT		inth 5	De		Year 19 59
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI		Feb.27,189	99	9. AGE (In year lost birthday)	Manths	R 1 YEAR	Haurs	R 24 HRS Min.
ŋ	. USUATOCCUPATION during most of work Pobacco I FATHER'S NAME	ting life, even if retired		kind of Business o	OR INDUST	Pr. Ge	eo.Co.		- 7	TIZEN O	FWHATC	OUNTRY
	James Par		oreo la c				EXXX FYEX	KEXX Unl		1		
15, (Yes		K IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		formant Mrs. Suse	n G.	Parker-	dress Upp 6	Mo		oro
	Canditians, if o gave rise to it couse (a), stating lying couse last.	mmediate (1	hnonboa Lutemon	is	Mari	tal	thres		1	sida	ins
ATION		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE T	ERMINAL DISE	ASE CONDITION G	IVEN IN PA	RT 1(a)	PERFO	AUTOPSY PRMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	-	SCRIBE HOW INJURY O	CCURRED	(Enter nature of injur	y in Part I or F	Part II af item 1B.)			160	140
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Nat while		CE OF INJURY (Hame, ary, street, affice bldg.		City or town)		(County))	(State
		mg.25	., 12 J	59 , ond that		121	15 M, from	5, 19 5 m the causes a (Street, city ar tawn	nd an th		e stated	
220	BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEM				CATION (City, town	or county	0	(Stat	e)
	Burial	8/29/59		Mt. Cal	rmel	Cemetery		per Mar			Md.	
	FUNERAL DIRECTOR	S SIGNATURE	an N		Md.		REC'D BY REG		SISTRAR'S S			

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. spital ar attending physician. ter this certificate has been signed by the attending physician and campletely filled in by the funer I far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld by ar remaval, and in any event TO HOSPITAL OR ATTWOING P may be retained by pspital TO FUNERAL DIRECTOR. After th page 3 shauld be detached far the registrar priar ta burial

VS A15 (4) 15M 9/5B

Page 4

2526 Larley Lawred App 40 a light 85. july 1978 8081, 7, 1808 ell'accident reggier : 28 aggiern : 28 aggie AND THE RESERVE OF THE PROPERTY OF THE PROPERT the second section of the second section and the second section and the second section of

M	C	PLACE OF DEATH 7271 Kolb Street COUNTY Apitol Heights, MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	Maryland Pri	. Geo.
		RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g 36 Capital Heights	
X		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7271 Kolb Street, Capiton Heigh	nts 7271 Kolb Street, Capitol	IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED Type or print) Helen C.	Phillips DEATH 8-20-	Doy Year 1959
	5.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Negro WIDOWED DIVORCED	8. DATE OF BIRTH 2-5-1894 9. AGE (In years lost birthdoy) 65 yrs. IF UNDER Months	1 YEAR IF UNDER 24 HR Days Hours Min.
	10.00	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		U.S.A
I	13.	FATHER'S NAME Joseph Webster	14. MOTHER'S MAIDEN NAME A. Webster	
•	1S. (Ye	no, or unknown) (If yes, give wor or dates of service)	Greta H. Ballour Draper 7271	Kolh St.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	HEMORRHAGE	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stoling the underly lying couse last. (b) HYPERTEN. (b) HYPERTEN.	S/04.	10 YEARS
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of ot work	PLACE OF INJURY (Home, form, 20f. (City or town) (C foctory, street, office bldg., etc.)	ounty) (State
		21. I certify that I attended the deceased from FEB 1 of the on Tug 20 , 1959, and that dea	2 , 1951, to 049 20 , 1957, that I leath occurred of 7:45PM, from the causes and on the	ast saw the deceas
		ACTUAL SIGNATURE SIGNATURE SIGNATURE	ADDRESS (Street, city or town, state) M.D. 2001 BENNING RD	NE 8.20
		BUYERIANIE 11		
,		PHYSICIAN'S HUGH BROWNE		
1	220	BURIALF CREMATION, PARCH Specify) 8-24-59 CARREL MANE OF CEMETERY	OR CREMATORY 220 TOCATION (City, Jawn, or county)	Mistory.

CERTIFICATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09448

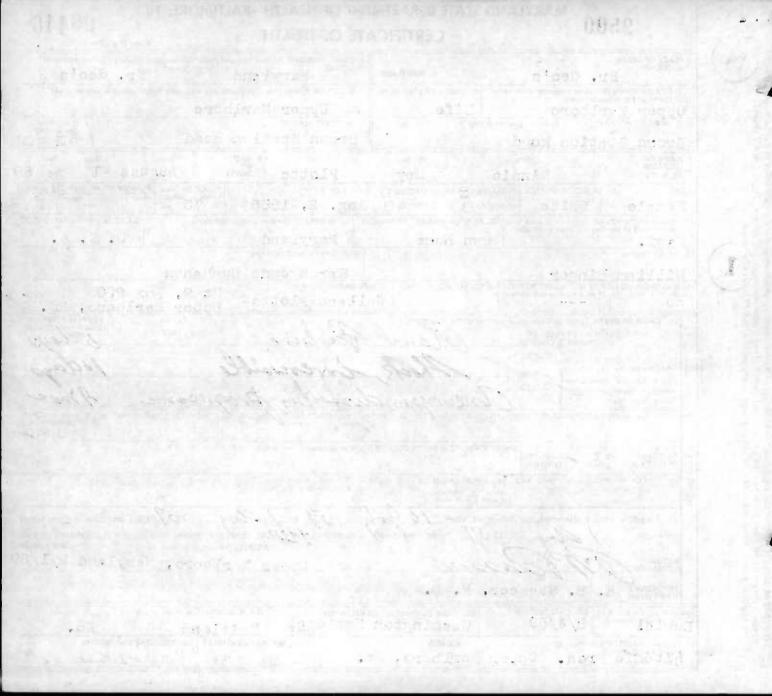
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Ren.	Dist	No			

1. PLACE OF DEATH o. COUNTY				a. STATE		ere deceased liv	red. If instituti			
P	r. Geo's		MARYLAI	ND	Mary.			Pr.	Geo!	
RURAL and give	70.0		NGTH OF STAY IN			utside corporate		URAL and gi	ive nearest to	wn)
Upper Ma			ife			Marlbo	ro		10.0	FEIDENICE
OR INSTITUTION	tation Rose		is)	Brown		tion R	oad		ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Firs		Middle	Los		4. DATE OF	Mai		Day	Year
(Type or print)	Min		May	Plo	tts	DEATH		gust	1	19 5
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н	9.	AGE (In years lost birthday)			
Female	White	WIDOWED [DIVORCED] Aug. 2	, 18	85	73 yrs.	Months	Days Hou	rs Min.
00. USUAL OCCUPAT during most of wo HeWf. 3. FATHER'S NAME	ION (Give kind of work of rking life, even if retired)		OF BUSINESS OR II Home		ylan	d	lry)		S .	
William	Binger			Sara	h Jai	ne Buc	hanan			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		L SECURITY NO.	INFORMANT			t 2, Add	ress OC	20	
(Yes no, ar unknown)	(If yes, give war or dates of se	rvice)		Wallace	Plot	ts- K	pper l	SOX XX	90	Md.
Conditions, if gove rise to couse (a), stating lying cause lost Part II. O	the <u>under-</u> DUE TO	an	Corysm,	dissection of Related to	hry THE TERM	prog NAL DISEASE C	reasy Ondition GI	VEN IN PART	10) 19. WA	S AUTOPSY FORMED?
PART II. O										NO 3
(IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCI	JRRED. (Enter nature o	f injury in l	Part I or Port II	of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	While I	OCCURRED 200 Not while at wark	e. PLACE OF INJURY (factory, street, affic			town)	(Co	ounty)	(State
ACTUAL SIGNATURE	hat I attended the	, 19.59 Jasse	, and that de	eath accurred at		ADDRESS (Stree		nd an the state)	date stat	
MANUE (19pe)	ON, 22b. DATE THEREO		NAME OF CEMETE	DV OR CREMATORY		22d. LOCATIO	N (City town	or county!	/6	tote)
Bull 181 (Specif	8/4/59			on Nation	al m	Suitl		or county)	Md.	idie)
23. FUNERAL DIRECTO			ADDRESS		24a. REC'	D BY REGISTRA		STRAR'S SIG		
Ritchie	Bros. Up	per Ma	rlboro,	Md.	DATE AL	IG 11 '59	a	Thun S.	Kraus	

ottending physicion and completely filled in by the fun n please remove carbon papers. Pages 1 and 2 should DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremation, or removal, and in any event within 72 hadrs offer death. TO HOSPITAL OR ATT DING PHYSICIAN: The low requires that the may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. The

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9449

CERTIFICATE OF DEATH

(19447

	100				Keg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY Pri nce Geg	rge	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	Prince(H		ce before admission)
b. CITY OR TOWN (If ou RURAL ond give neare Cheverly	tside corporate limits, write st town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hyattsville		ts, write RURAL and g	give nearest lown)
OR INSTITUTION	orge General		d. STREET ADDRESS 5609 37th	Avenue		e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Charles	Middle George	Rickert	4. DATE OF DEATH	Aug	30 Year 19 59
S. SEX 6.	White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 21, 189	9. AGE last b	(In years IF UNDER Months	1 YEAR IF UNDER 24 HR. Days Hours Min.
Printer (ret: 13. FATHER'S NAME	ired)	S.Gov't.Printi	og Office N	or foreign country) ew Jersey	U,	S. A.
George Rich 15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye			NFORMANT	ame	Anna Krai	Et
Conditions, if ony, gave rise to imm couse (0), stating the lying cause lost.	ediote DUE TO (c)	CONTRIBUTING TO DEATH BUT		INAL DISEASE COND		PERFORMED?
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in			YES NO
20c. TIME OF INJURY Hour o. m. p. m.	While	f.	ctory, street, office bldg., etc		, (c	county) (Sion
21. I certify that alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.	attended the deceded of 30 19 19 19 19 19 19 19 19 19 19 19 19 19	S9, and that death	M.D. 5432	M, from the co	ouses and an the y or town, stote)	e date stated abov DATE SIGNE P/30/19
REMOVAL (Specify) Burial	Sept. 2,1959	Pairview Cemerary C			New Jers	
23. FUNERAL DIRECTOR'S A	GNATHREY, Inc.,	Silver Spring,		D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral ban papers. Pages 1 and 2 should be may be retained by the pital or attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and cample page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers, the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTERMAY be retained by the TO FUNERAL DIRECTOR:

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Harrier H. Burnetts, Non., Milwey Aprill, Nd.
Milwey Principal Co. Sec. Ac.

DEPT.

TO DEPUTY MEDICAL EXAMINER: This certifical execute the certifical citing the ward "per 4 shauld be forwarden to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should be use ar its designated agent, prior to burial, cres

VS. A15ME 5M 2/57

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	nding" in pencil in Hem 18. Give Pages 1, 2, and 3 to the funeral director. Page min	nding" in pencit in New, 18. Give Pages 1, 2, and 3 to the funeral director. Pages mit a l'Examiner's Office along with farm PM3. Page 5 may be retained for your file.	nding" in pencil in New 18. Give Pages 1, 2, and 3 to the funeral director. Pages The Laminer's Office along with farm PM3. Page 5 may be retained for your filler. Pages of as a buriol-transit permit. File pages 1 and 2 with the State Baard of Hearth. The

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09449 Reg. Dist. No.

	PLACE OF DEATH O. COUNTY Prim	ce Geerg	es		MARYLAN	o STA	TE	(Where decease	d lived. If institu	Y .	~	fore admi	
	chever 1		fs. write RURAL	c. LENGTI	H OF STAY IN 1		Y OR TOWN		orole limils, write	-		-	
	R. NAME OF HOSPITA				treet oddress)	d. STI	EET ADDRESS	\$	•			ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	WII	First LIAM	AMBR	Middle OSE I	ROEDER,	JR.	4. DATE OF DEATH	Moni August		Doy		eor 9 59
5. 5	Male	6. COLOR OR R			ER MARRIED	8. DATE OF	BIRTH	th,1915	9. AGE (In years less birthday) 44 yrs.				ER 24 HRS. Min.
100	USUAL OCCUPATION USUAL DESCRIPTION OF WORKING TO THE COLOR OF WORKING TH	ON (Give kind of g life, even if ret	work done 10 ired)	U.S.Gev			thplace (Siderylar		unity)	12. CIT	USA	F WHAT	COUNTRY?
	FATHER'S NAME Villiam A	mbrese	Rooder				er's Maider						7.8
15. Ye	WAS DECEASED EV	ER IN U. S. ARME		SIZ-0	9-3579	INFORMAN	r	1-1-1-1	Address Ave., Se		eas	ant.	Md.
ATION	Conditions, if o gove rise to immed (o), stoting the couse tost.	ny, which)	se (a) Cor (b) Cor e to (c)	enary A	theresc	leresis		RMINAL DISEASE	CONDITION GIV	VEN IN PAR	RT 1(o) 1		
L CERTIFICATION	200. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	NTRIBUTING []						Part I or Fort It o					
MEDICAL	Hour a.m.	RY Month, Da	V			LACE OF INJU	JRY (Home, fo office bldg., o	orm. 20f. (City	or lown)	(Co	unty)		(Stote)
	21. I certify the apinion seaf actual signature. EXAMPLE: SAMPLE: SAM	resulted from		_		Su.D. CH	icide [],	psy , In Homicide EXAMINER DICAL EXAMINER AL EXAMINER TO		ermined		DATE S	d in my
220	BURIAL, CRIMATIC REMOVAL (Specify) Burial	N. 226. DATE TH	HEREOF	ARLTI	OF CEMETERY O	OR CREMATO	AL	ARL	INGTON	or county)		(Slote VA	
23.	FUNERAL DIRECTOR	7	INS :	20 ADDR 3821 14	ess wash. 4Th. St	D.C.		AUG 1 7 5	AR 24b. REGI	STRAP'S BI	CHEIM	Vá.	

MARYLAND STATE MEANTMENT OF HEMATH-PALTIMORE TO

TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW Will City we work! Denies of Descent Top Will . . 1 1 400 Continue deligation of the second STATE OF STREET STREET STREET STREET P. HILLIAM . - BESTALL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9501

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTRING	e George s		MARYLAND	2. USUAL RESIDENCE (W	there deceased lived	l. If instituti b. COUNTY	on: Residence before Pr. Geo	ore admissi	ion)
b. CITY OR TOWN RURAL and give r Clinton	(If outside corporate liminearest town) Maryland	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote li	mits, write R	URAL and give ne	arest town	1)
d. NAME OF HOSP OR INSTITUTION Rt # 2,	Box 220	ive street	oddress)	Rt# 2, Box	220			e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	LYDIA	st	Middle S	CHAEFER Lost	4. DATE OF DEATH AL	Mon Igust		,	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 18- 1880	9. AC	E (In yeors birthdoy) yrs.	Months Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Housewife	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country		12. CITIZEN O		OUNTRY?
13. FATHER'S NAME Adrain Ra	pping	4		14. MOTHER'S MAIDEN Unknown	NAME				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT s. Alma E. Th	eunissen	Same	as # 2.		
Conditions, if gove rise to couse (o), stoting lying couse lost. PART II. OT	the under-)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	SINAL DISEASE CON	IDITION GIV	/EN IN PART 1(o)	PERFO	RMED?
PART II. OT	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	item 18.)		YES [NO 💽
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	20d. II While of wor	Not while fo	LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or to	wn)	(County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JAMES I. BO) Q YD.	Sy, and that death	, 1939, to 6 h occurred at 11.50 M.D.	ADDRESS (Street, o	couses on	August	e stoted DATI 15-1	l above. E SIGNED .959
REMOVAL (Specify	Aug. 17-19		Cedar Hill C		Suitlar		ryland.	(Stote	e)
23 FUNERAL DIRECTOR	R'S SIGNATURE	. 1	1661-Good Ho	pe Rd SE PATALIC	D BY REGISTRAR		STRAR'S SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demany be retained by Mospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, cremation, ar remaval, and in any ferent within 72 haurs after death.

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9452

09452

1			24019		CERT	IFICA	TE OF DEA	IH		Reg. Di	st. No.		
		ACE OF DEATH COUNTY	George		MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where decease	ed lived. If instit b. COUN		nce before	e admissi	on)
١		CITY OR TOWN (RURAL and give r	If outside corporate lim	nits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond	give near	rest town)
		Cheverly	· · · · · · · · · · · · · · · · · · ·		4 Da	VS	× Washing	ton (2)	3)				
		NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,		ddress)		d. STREET ADDRESS		0.7		•	ON A	FARM
		ME OF	rge Genera	irst	LTal Middl		6501 Daro	4. DATE		Aonth	Day		reor_
ı	DE	rpe or print)	Clara		nes	e	Slayman	OF DEATH		lg.	12		959
	5. SE	Female	6. COLOR OR RACE	7. DENOMINE	NEVER MARK	A-A.	Mar.7,187)	9. AGE (In year	() Months	Days Days	Hours	R 24 Hi Min
			king life, even if retired		U.S.Gev		TRY 11. BIRTHPLACE (SE		country)		ZEN OF	WHATC	DUNTR
	13. FA	THER'S NAME					14. MOTHER'S MAIDE						
		Michael	Slayman				Unknown						
	15. W Yes, n	(AS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of Nemo		None		Mrs Christs	abel Hu	cley C	ddress ousin			
	1	B. CAUSE OF DE	ATH [Enter only one o	ouse per line	for (o), (b), and (c).]	6901 Mar 1	boro #1	re,		INTE	RVAL BE	TWEEN
		PART I. DE	ATH WAS CAUSED BY:	. Xo	110n2	7	no long.	1/2/	1		ONSI	ET AND	DEATI
		Conditions, if of gove rise to couse (o), stoting lying couse lost.	the <u>under-</u>	(c)	ONTRIBUTING TO D	FATH RUT	NOT RELATED TO THE TE	PANINAI DISFA	SE CONDITION (GIVEN IN PAG	PT 1(a) 15	D. WAS	AUTOP
,	CATION	7 7 7 7 7 7	TIER STOTTIFICATOR CO.	ADITIONS CO	5141818181818181818181818181818181818181	EAIT BOT	NOT RESITES TO THE TE	MIN THE DIGER	oc continon	OTVERV IIV TAI		PERSO YES	RMED?
	0 (0a. ACCIDENT W OR CONTRIBUTING FEITHER, NOTIF	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED). (Enter noture of injury	in Port I or Pa	rt II of item 18.)				
	MEDICAL	Oc. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yo	20d. IN While of work	JURY OCCURRED Not while of work		CE OF INJURY (Home, tory, street, office bldg.,	form, 20f. (Cil	y or town)	(County)		(Sto
	A	CTUAL IGNATURE	nat I attended the	19.5	9 and that	8 It death		M, fram	the causes Street, city or too nt Road	and an th	e date	stated	
	220. [BURIAL, CREMATIC REMOVAL (Specify Burial	Aug.15,	OF 1959	22c. NAME OF CEA		Cemetery		TION (City, tow			(Stote	a)
		.W.Chamb	rs signature ers Companj	7, 517	ADDRESS 11th St	S.E.	TAT -I- TAT	REC'D BY REGIS		GISTRAR'S SI			

DATEQUE 1 7 '59

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119453 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY OR INCE CEONCE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ANNE AKUNDEC
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) () () () () () () () () () () () () () (c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARMP YES TO D
3. NAME OF DECEASED (Type or print) First Middle EDWAR	Lost 4. DATE Month Day Year OF STYLL DEATH AUG. 1 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED	3. DATE OF BIRTH C-25-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) FAR 11-6	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME TEREDIAH SOLITH	14. MOTHER'S MAIDEN NAME
(Yes, no or unknown) (If yes, give wor or dates of service)	FORMANT Address OUNKIAK, ME WILLIAM THOMAS SAKITH (SOW,
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under: lying cause last. [c]	SCLEASSIS INTERVAL BETYPEEN ONSET AND DEATH ONSET AND DEATH OBYS
\$ ANTHNITI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO (3-4)
UF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part 1 or Part II of item 1B.)
Zoc. TIME OF INJURY Month, Day, Year Not While Not while of work of twork of twork of two	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I attended the deceased from Calive an TUNE, 1959, and that death a signature California Name (Type)	accurred at \$145 AM, from the causes and an the date stated abave ADDRESS (Street, city or town, state) \$159 DATE SIGNED AS 3904 ELN ST. UPPEN MAKINGKO MD
220. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	CREMATORY 22d. LOCATION (Cityglown, or county) (Stole) metery Lane ar. Co., M.L.
23 FUNERALDIRECTOR'S SHAMETING ADDRESS	240. REC'D EY REGISTRAR 24b. REGISTRAR'S SIGNATURE

	CERTIFICATE OF DEATH		066
		DISTRICT AND S	
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			STEEL STEEL
No. 24 of Section of Section 21			
			and the second

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 havrs after death. If any delay is necessary, please execute the certificate, fing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Ahould be forworded to the C. Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bornal-transit permit. File pages, Land 2 with the registrar priar to burial campation.

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VS. A15ME(5) 5M 9/55

131

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9503

09454 Reg. Dist. No.

	1, P	LACE OF DEATH) 2. USUAL RESIDENCE (Where percented lived. If institution; Residence before admission)
	0	COUNTY (MARYLAND O. STATE MALYLAND b. COUNTY 1/2 SEE
	b	CITY OF TOWN (If ognide sarggrate light, write RURAL and give nearest town)
		Seat Pleasant X Seat Pleasant
	d	NAME OF HOSPITAL OR INSTITUTION (If north hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	1	1908 - adel Sheet 6908 - adel Sheet YES NO
	2.2	
	.[DECEASED OF OF
	_	Type or print) Joseph Clarence smith DEATH Cing-Z9- 1939
d	5. S	lost birthdoy) Months Days Hours Min
	Al	Windle Widowed Divorced 12-11-06 33 yrs.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	17	eatheater Maral Gua Varanna US 9-
	13.	FATHER'S NAME (14. MOTHER'S MAIDEN NAME
		John Smith Viguna Hellin
		DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
		No Image de smilh i same address
٦		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Level con Sestion heart farling ONSET AND DEATH
		442X DUE TO 10
Н		Condition II and III
		gave rise to immediate couse
		(o), sturing the orderlying
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	CERTIFICATION	PERFORMED? YES NO SA
	FI.C.	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	ERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
	MEDICAL	Haur a. m. While Not while factory, street, affice bldg., etc.)
	W	p, m. 19 al work at wark
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry , and find that
		deoth resulted from: Natural couses Accident , Suicide , Homicide , Undetermined cause .
		DATE CICATED
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
5		ASSISTANT MEDICAL EXAMINER
الماو		EXAMINER'S JOHN T- MALONEY, M.D DEPUTY MEDICAL EXAMINER 8-29-59
	22a	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, towns or county) (State)
	1	Silver St. 1-59 It Juneal Delichembers mil
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		The Thinking of Mel -1) COATE SEP 4'59 Could & Know
8	_	CALLED STATE OF THE STATE OF TH

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Service Servic
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한 게임하다 가입니다 하나 사람들이 어떤 경기 이렇게 가지 않는데 하는데 하나 하는데 그를 내려서 되었다. 이 감독이 없다는데

9453 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09455

										R	eg. Dist. N	0.	
1. P	LACE OF DEATH						ICE (Wh	ere decease			Residence bet	are adm	nissian)
		orge		MARYL	AND			Prin	ice Geoi				
	. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOV	VN (If a				L and give n	earest to	wn)
	Ma m	earest town)		A derre	V	Lanham							
		AL (If not in hospital, a	nive street				PESS					To ic p	ESIDENCE
(Type or print) Richard Smith Smith OF DEATH AU 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)			ON	A FARM?									
o. COUNTY Prince George b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Prince George General 3. NAME OF George General 3. NAME OF DECEASED (Type or print) Richard 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI B. DATE OF BIRTH 9. AGE (In	Hifgway			YES	□ NO [
		Fir	rst	Middle		Last		4. DATE	1 1	Month		ay	Year
		Ric	hard			Smit	h	DEATH		lug		4	1959
i. S	EX			RIED NEVER MARRIE	р 🗂 В. (9. AGE (In yes	ers IF	UNDER 1 YEA	R IF UN	
	W. 1	37				M 10	3 8 8 4		last birthda	y) M	onths Days	Hau	rs Min
-	Male	Negro		LJ		Nov-12,	T00.		-	rrs.			
Ja:	during most of worl	ing life, even if retired	done 10b.	KIND OF BUSINESS OF	CINDUSIR	II. BIKIHPLACE	(Stote	ar tareign c	auntry)		12. CITIZEN C	AHW 10	COUNTR
1	Labor			GOVERNMENT	1	ELMER.	N.	J.			U.S.	A .	
3.	FATHER'S NAME					4. MOTHER'S MA			0.00				
	JOHN SMIT	П			1	INTTY ?	SMIT	TI.					
5. 1			CES? 16	SOCIAL SECURITY NO.	7	RMANT	J: 11 1	. 1.4		Address			
(Yes,		(If yes, give war or dates of s		SOCIAL SECONITY INO.	-								
					W.	ILLIAM A.	. PC	INDEX	TER LAN	HAM	MD.		
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		~	0	2			IN	TERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	· K	2.00		2	10	8,00	0.00		Or	ASEI AN	ND DEATH
	11221	IMMEDIATE CAUSE (11	" White m	my	ZM	AN	ARK	194	-			
	455.1	DUE TO	,	11.	-		00	/	7				
	Conditions, if a		1	vecto o	elli		11	Dek					
	gove rise to i cause (o), stating			2120		30 00	00	0 .					
	lying cause last.	le onder	1 6	Jones	4	ibuil	la	XLI K	1		030		
z	PART II. OTH	IER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	E TERMI	NAI DISEAS	E CONDITION	GIVEN	IN PART 1(a)	19. WA	S AUTOPS
E												PER	FORMED?
2												YES	NO
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of in	jury in I	Part I or Por	rt II af item 1B.)				
5	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY (Hom	ne, farm	, 20f. (City	y ar town)		(County	1)	(Stat
	Haur a.m.	19	While		factor	, street, affice blo	dg., etc.	.)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	,
٤	p. m,	19	of wor	rk of wark			1111		/				
	21. I certify th	at I attended the	deceas	sed from 8/	/	1959.1	a	8/	4 19	the	at I last sa	w the	deceas
	9	14-	100	50 13	1 1								
	alive an	-1-1-9	, 192	, apa mar	aeath a	ccurred at_1	2130		-			e stat	
		T	111	Mallano	113	11611	1 4	ADDRESS	ree, cuy ar la	wn, stat	e) //	1	ATE SIGN
	ACTUAL SIGNATURE/	1 mas		MX one	M.C	4817	1	151	CHAVE.	//	4	Leke	1.57
	/				1	de	nl 2	Nes Nes	10 1	75/	1	1	
	PHYSICIAN'S NAME (Type)	Dr. Thomas	Malor	nev //		Co		/// //				0	
20.	REMOVAL (Specify)	N, 22b. DATE THEREC)r	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City, tow	n, ar c	ounty)	(5)	tate)
1	8/8/59	8/8/59		LINCOLN (CEMENT	ERY		WAS	HINGTON	D	.C.		
23. 1	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			a. REC'	D BY REGIS			AR'S SIGNAT	URE	
3	D M MODE	N COMPANY	-	1322- II STR	א חיםים						a & Kan		
- 1	M - IV - PSC IM	IN CARLEAUT		1 1/6- 0 0 1 1	Diffi a N	all a DA	ATE = 884	0 7 15	ч (i and bear	n A May	ULAS .	

TO HOSPITAL OR ATTENTIAL OF ANY SICIAN: The law requires that the death certificate be executed within 24 hours ofter death, may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

SEAD Her Jell Selfanna III det the state of the s . . . Section of the second section of the second THE RESERVE OF STREET tensis and a length

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9454 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09456

								Keg. Dist.	No.
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased li			e before admission)
	Prince Georg	es	MARYL	AND	o. STATE Marvla	and	b. COUNT	Pr. Ge	80.
b. CITY OR TOWN	Ilf outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF		e limits, write		
Cheve	-		h days		Lanham				
	ITAL OR INSTITUTION (I	not in hosp			d. STREET ADDRESS				e. IS RESIDENCE
Prince (eorges Gene	ral He	ospital	/	6607 97th	Avenue			YES NO
3. NAME OF DECEASED	Firs		Middle			4. DATE OF	Month		Day Year
(Type or print)	Willia		Craig		ith		August	18	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. D	ATE OF BIRTH	9. A	GE (In years it birthday)	IFUNDER 1Y	
Male	white	WIDOWED	DIVORCED [12-3- 57		1 yrs.	Months Da	ys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work or ing life, even if retired)	lone 10b. Ki	IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	or foreign countr	γ)	12. CITIZEI	N OF WHAT COUNTRY
None	ing inc, even in territor,		None		Washi	ngton, I)_C.	U.S	5.A.
13. FATHER'S NAME		7.75		1	4. MOTHER'S MAIDEN N		4,04		
Car	rl Smith				Ella Mae	Tavlor			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT	20, 202	Address		
No No	[If yes, give war or dates of s	ervice)		Fre	derick G. Me	elhem; s	ame ad	dress a	as # 2.
18. CAUSE OF DE	ATH [Enter only one caus	e per line f	ar (a), (b), and (c).]	-					INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Subdura	1 H	emorrhage				
9040	DUE TO								
Conditions, if			Encepha	loma	lacia				
gave rise to Imm	ediote couse					77.35			
(a), stating the	underlying (c)							18	
_	THER SIGNIFICANT CONE	ITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMIN	VALDISEASE CO	NDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY
PART II. O' 20g. EXTERNAL C PRIMARY Dor CO CAUSE OF DEATH									PERFORMED?
20g. EXTERNAL CA	AUSE WAS 201	DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r noture of injury in Part	I or Part II of its	em 18.)		
	l.		Fall in h	one					
20c. TIME OF INJ	URY Month, Day, Yea	20d. II		- PLACE	OF INJURY (Home, form,	20f. (City or to	own)	(County	y) (Stote)
Hour o.m		White at wor	Not white		, street, office bldg., etc.)	Lanha	m D	r. Geo.	Md.
-	that I taak charge								
							ction K,		X, and find tha
dedin resulte	d fram: Natural o	Guses [J, Accident X,	SUICIO	de [], Hamicide	L, Under	ermined c	ause [].	
ACTUAL	1 0	41	()_		CLUET (CONTO				DATE SIGNED
SIGNATURE	on	Ma	oney	A	A.D. CHIEF MEDICAL EX	17			
EXAMINER'S			(1		ASSISTANT MEDICA				
NAME (Type)		alone			DEPUTY MEDICAL E		Augu		, 1959
22a. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREO	~	22c. NAME OF CEMETER		()	22d. LOCATION	(City, town,	or county)	(Stote)
BURIAL	8/20/	97	CONGRESSI	ONAL	L CEM.	WASK	112970	N, D	. (,
23. FUNERAL DIRECTO	R'S SIGNATURE .	0	ADDRESS	.1.5	13001	BY REGISTRAR		TRAR'S SIGN	4.4
Michael	J. Kurale	li.	816 H ST.	N.C.	B.C. DATE AL	JG 21 '59	a	strup S. 1	Tirans

.000	BraDer - Was		397700 20715.	
ATTENDED OF THE				
	in street			A THE STATE OF
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August 18 Charles			as it is	
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	520			
			W.C.	
		4 1 6	makiy . Inou	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, and githe ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Archard Forwarded to the City. Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, Genation, or removal.
please e.

5.4 100

9455 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (19457

1. PLACE OF DEATH						CE (Where dece	ased lived. If instit		nce bef	ore admi	ission)
P	rince George		MARYL		o. STATE Ma:	ryland	b. COUN	Y Pr	• G	eo.	
b. CITY OR TOWN and give nearest to	(If outside corporate limits, writen)	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOW	/N (If outside co	rporate limits, write	RURAL and	give n	earest ta	wn)
Ch	everly		10 min.		15 Hyat	tsville					
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in ho	ospital, give street address		d. STREET ADDR	ESS					ESIDENCE A FARM?
Prince G	eorges Gene	ral H	ospital		4101	Madeson	Street] NO []
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Y	fear
(Type or print)	Francis		Robert	Sou	les	DEATH	Augus	t	10	1	959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years		TYEAR	IF UND	ER 24 HRS.
Male	white	WIDOWE	DIVORCED	3	2-3-1,90	6 1907	53 5 2rs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	State or fareign		12. CITI	ZEN OI	F WHAT	COUNTRY
Clerk	ing ine, even ir renrea)	Di	KIND OF BUSINESS OR IN Strict Water	Dep	t. Maryla	and		US	A		
13. FATHER'S NAME					4. MOTHER'S MAID					7.0	
Will	iam C. Soule	95			Jane	McFarla	ne				
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT		Address				
No No	(If yes, give war or dates of	service)		Gle	nn Soule	s: same	address	as # 2			
18. CAUSE OF DE	ATH [Enter only one cou	se per line	for (a), (b), and (c),]						INTER	VAL BETWE	FFN
	ATH WAS CAUSED BY:		(-), (-), (-),	Acre		addma ba	and fadle		ONSE	T AND DEA	ATH .
11201	IMMEDIATE CAUSE (a)			ACU	te conge	stive ne	eart fail	ure		-	
420.1	DUE TO			A		. 7			1		
Canditions, if	ediate cause (COI	onary Oc	clusion					
(a), stating the											
couse lost.) (c)	-									
PART II. O	THEK SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	ROI NO	RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART	1(a) 15		RMED?
5									Y	YES 🔲	NO 🚺
PART II. OT	NUSE WAS DATRIBUTING []	b. DESCRIE	BE HOW INJURY OCCURR	ED. (Ente	r nature of injury i	n Part I ar Port I	I of item 1B.)				
20c. TIME OF INJ	URY Month, Day, Yea			PLACE	OF INJURY (Home,	form, 20f. (Cit	ly ar tawn)	(Cau	nty)		(Stote)
20c. TIME OF INJU		While at w	le Nat while ork at work	factory,	street, affice bldg.	., elc.)					
			remains described	ahave	held an Aut	ansy 🗆	Inspection X	Inquie	. 7		find tha
			X, Accident [],				Indetermined) La.	and i	ina ma
1000111	/		A recident	301010	ie [], Hdiiii	cide [], c	inderermined (raose []	•		
ACTUAL (da 5 8	AT -	Umaria		CHIEF MEDIC	AL EVALUED F	3			DATE S	IGNED
SIGNATURE	Mary 1	Ha	uney-	A	1.D.	AL EXAMINER					
EXAMINER'S						EDICAL EXAMIN					
NAME (Type)	John T. Ma					CAL EXAMINER	25 al ac	st 11,	1	959	
ZZa. BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOC/	ATION (City, town,	or county)		(State	e)
Burial		1959		oln							
23. FUNERAL DIRECTO			ADDRESS		240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATUR	E	
F. Gasch	's Sons Hy	atts	ville. Md.		DAT	AUG 1 4 '5	U.M.	23, 1	25000-		

VS. A15ME(5)

LESS MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.000 .'21 and the an anathral ladered three an 7:10 Desirgue, destructed dolores santa at oask anduna 3 mattre Clana Sonles; same address to / 2. ADVENIENDED TO VILLAGE OF TREES OF THE SECOND TO SECOND THE SECOND TO SECOND THE SECOND . W. E. BERTS . T. MISS. A country of the coun

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9456

CERTIFICATE OF DEATH

09458

								Keg. Dist.	NO.	
1. PLACE OF DEATH	ince Georges		MARYLA		USUAL RESIDENCE		ed lived. If institut b. COUNTY			
						yland		Prince		
RURAL and give n	If autside carporate limits, earest tawn)	Write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN		orate limits, write I	RUKAL and giv	re nearest t	awn)
	verly		1/2 hr	0	d5 Rive	erdale				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	e street a	ddress)		d. STREET ADDRESS	S			e. IS	RESIDENCE N A FARM?
Prin	ce Georges	Gene	ral Hospita	1	6400	Oliver	Street			□ NO 🖸
B. NAME OF DECEASED (Type or print)	First		Middle	S	Lost	4. DATE OF DEATH	Mai Aug		Day 26	Year 19 59
5. SEX		MARRI	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1		
Female	Towns .	VIDOWE			24 Aug 187	73	86 yrs.		oys Hau	rrs Min.
0a. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. k	CIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (S	tate ar foreign	cauntry)	12.CITIZE	N OF WHA	AT COUNTRY?
House	king life, even if retired)	0	wn home		Peni	nsylvan	ia	II	S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDE				0000	
	ust Faupel					Hauema	n			
						- CA CHE				
	R IN U. S. ARMED FORCE (If yes, give war or dates of serv		OCIAL SECURITY NO.		RMANT			dress		
	no	n	one	011	n Soucer	Ea	stpines,	Md.		
18. CAUSE OF DEA	ATH [Enter anly ane caus			0	utosi,	1 1				BETWEEN
PART I. DEA	TH WAS CAUSED BY:	1	W. Anole	11	occhil	1210	1)		ONSET A	ND DEATH
14201	IMMEDIATE CAUSE (a)_		19016-0	11					100	1
420,1		-	776018	-0	001.00	, ,				
Canditions, if a	mmediate (D)_	(Mene	L'a	CE CO C					
cause (a), stating										
lying cause last.) (c)_									
PART II. OTI	HER SIGNIFICANT CONDI	TIONS <u>C</u>	ONTRIBUTING TO DEAT	H 8UT NO	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PART	PE	AS AUTOPSY REFORMED?
PART II. OTI	AS UNDERLYING 20	0Ь. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature af injury	y in Part I ar Pa	rt II af item 18.)	177.0	100	
		T20-4 111	JURY OCCURRED 20	no PLACE	OF INJURY (Hame,	f 205 (Cit	ty ar tawn)	10.		(C)
Haur a.m.	manth, Day, fear	While	Nat while	factor	y, street, affice bldg.,	, etc.)	ry ar tawn)	(Ca	unty)	(State)
p. m.	17	at wark		,	44	77 9	, , , ,			
21. I certify, th	nat I attended the a	decease	d fram fram	48	, 19/, ta	HEB X	6' , 19/6	,that I last	saw the	decease
alive an_ Au	rf 2.6.42	19	Ind that d	eath a	ccurred at 2 4	M. fram	the causes ar			
1	1, 6						Street, city ar tawn			DATE SIGNED
ACTUAL SIGNATURE	if Jespess	46120	-	M.C),					
PHYSICIAN'S D	r. Till Berg	mann	., M.D.							
20 BURIAL, CREMATIC			22c. NAME OF CEMETE	ERY OR JE	RRMANORY.	22d. LOCA	ATION (City, town,	ar caunty)	(5	State)
Burial (Specify)	Aug 29, 1	959	George Wa			Hya	ttsville	Md.		
3. FUNERAL DIRECTOR		000	ADDRESS	BILL		REC'D 8Y REGIS		ISTRAR'S SIGN	VATURE	100
	hla Sona	U		L.I	DATE	AUG 28	59 C	sthung S.		

TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Bage of may be retained by the pital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mector, page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers. the registrar prior ta burial, crematian, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

Trilly Chair Ladding Lavered general service Committee of the contract of t Let printed season laborated the control of the con C.E. . Mrsgard 1111 to Alexand Indignature parton a Real Charges and restricted the state of the sta

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission o. COUNTY b. countprince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL buria c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forestville vears Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's County Rest Home xPx 6501 Darcev Road 3. NAME OF 4. DATE DECEASED (Type or print) James Oscar Spicer DEATH August far 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In yours IF UNDER TYEAR Male last birthday! Months WIDOWED T DIVORCED T Oct. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and General Laborer pe Rappahannock Co., Va. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 1, poges Richard Malory Spicer Annie Ruth Sphix 5 Page Spicer 4201 Eastern Ave 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes) program unknown) | (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute congestive heart with farm IMMEDIATE CAUSE (o) 442X DUE TO Cardiovascular renal disease Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying cause lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY OS 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection XX. Inquiry X, and find that death resulted from: Natural causes [X] Accident. Suicide . Homicide . Undetermined cause farwarded to the C ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S cute the James I. Boyd DEPUTY MEDICAL EXAMINER NAME Type) August 5. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) burial Fort Lincoln Colmar Manor, Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAP'S SIGNATURE VS. ATSME(S) Mt. Rainier, Md. DARUG 1 0'59 Criting & Krous 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO D

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED? NO

DATE SIGNED

1959

(State)

(Slote)

YES 🗍

(County)

1959

APPENDED TO THE PROPERTY OF about the of the man of the bounded in order Hannenstern His committee of the Complete the second of the sec

FOR STATE HEALTH DEPT.

M Jefferin,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plex execute the certifical timing the word "pending" in pencil in Item. 18. Give Pages 1. 2, and 3 to the funeral director. Plass abound be forwarded as the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heap or its designated agent, prior to burial, cremation, ar removal, and in any event within 2 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 19460

o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Cheverly	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Seat Pleasant
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital	7294 Central Avenue on a farm? yes □ no ₺
3. NAME OF DECEASED (Type or print) JESSE BARTOW	STAPP A. DATE Month Doy Year OF DEATH August 18th, 19 59
M- 1 - MD. 14-	DATE OF BIRTH 9. AGE (In years lost birthday) 40 yrs. Power of the property
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Tavern Operator Toggie's Rest.	11. BIRTHPLACE (State or foreign country) California USA
13. FATHER'S NAME Jesse Bartow Stapp	14. MOTHER'S MAIDEN NAME Annie Casey
(Yes no as unknown) & III was nive was as dates of asserted	ona J.Stapp, 3237 Terrace Dr. Suitland, Md.
IMMEDIATE CAUSE (o) UE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	of RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	ster noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLAC facto of work p. m. 19 of work of work	E OF INJURY (Home, form. 20f. (City or lown) (County) (State) ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident . ACTUA . SIGNATURE . SIGNATURE . SIGNATURE . SAME (Type) James I. Boyd	
220. BURIAL, CHAMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SADA MEDICAL EXAMINER S CERTIFICATE DE DEREN the control of the co The state of the control of the state of the A TO I VICE A COLUMN TO THE CO

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Year

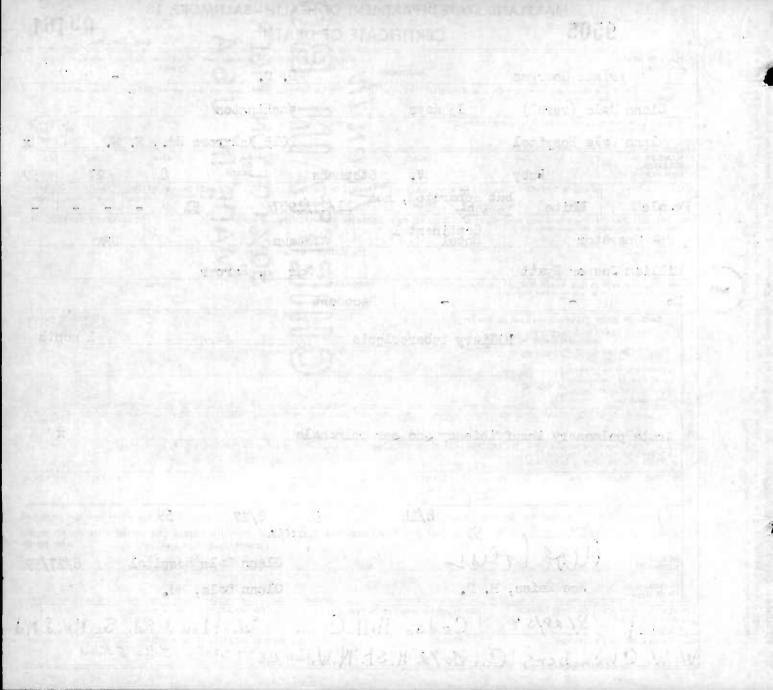
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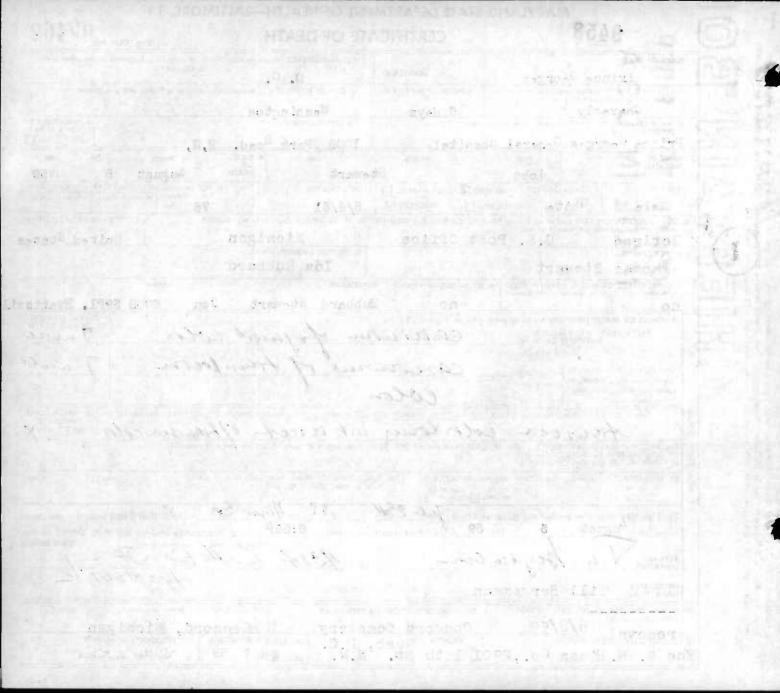
(State)

DATE SIGNED

(State)

executed that the death certificate VS A15 (4) 15M 9/58





certificate

death

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VS A15 (4) 15M 9/5B

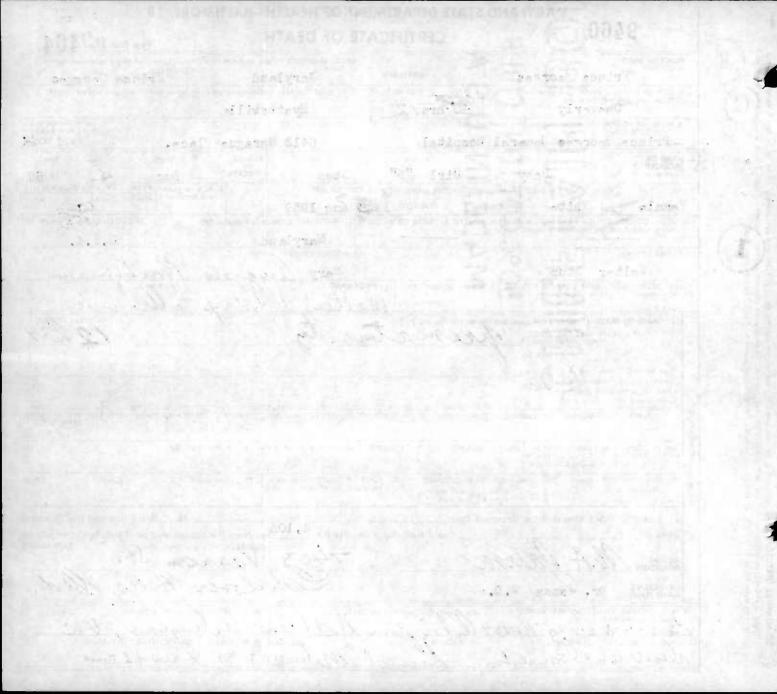
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9460

CERTIFICATE OF DEATH

Reg. Dist. No. 9464

1. PLACE OF DEATH a. COUNTY Pri	nce George	S	MARYLANG	a. STATE	E (Where deceased live yland	b. COUNTY	idence before od	
b. CITY OR TOWN (I RURAL and give no Ch	f autside carporate limi earest tawn) Leverly	ts, write c.]	ength of stay in 11	-	N (If outside carporote attsville	limits, write RURAL o	and give nearest	tawn)
OR INSTITUTION	AL (If not in haspital, g			d. STREET ADDRE	Sprague	Place.	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Baby		Girl "B"	Stup	4. DATE OF DEATH	Month Aug	Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. /	AGE (In years IF UN ast birthday) Mant	DER 1 YEAR IF U	
Female	White	WIDOWED [DIVORCED [Aug 195		yrs.	hs Days 14ho	Mill.
10a. USUAL OCCUPATIO	DN (Give kind of work king life, even if retired	dane 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE		ry) 12.	U.S.A.	
13. FATHER'S NAME	r Stup			14. MOTHER'S MAII	DENNAME	a Par	kinsa	~
15. WAS DECEASED EVE (Yes, no, or unknown)			IAL SECURITY NO.	Walter	1. Stuy	6 - A	hane	
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-		RIBUTING TO DEATH B	BUT NOT RELATED TO THE	TERMINAL DISEASE CO	ondition given in	PE	AS AUTOPSY REFORMED?
U (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RRED. (Enter nature of inju	ry in Part I or Part II o	of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. INJUR While at work	Y OCCURRED 20e. Nat while at wark	PLACE OF INJURY (Hame factory, street, office bldg		tawn)	(County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MA . Ja Dr. Jansa/	., 19 WM. D.		nth accurred at 4.0	ADDRESS (Street ADDRESS (Street ADDRESS (Street	causes and an city or town, states	X. Vs, M	
22a. BURIAL, CREMATIO FEMOVAL (Specify) 23. FUNERAL DIRECTOR	s signature	1959 4	ADDRESS	Matter 240.	Cern Cu. REC'D BY REGISTRAR	1//	, Va	(State)
22773667	(VO	edian	raun	1 PAIDAT	EAUG 7 '59	1. Crimin	a, runus	



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e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

CH!

U.S.A.

(County)

Other & Hint

ON A FARM?

YES NO

Year

19 59

20

10

VS A15 (4) 15M 9/5B

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	D. C. L. L. Grandelle, C. V.	
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FOR STATE HEALTH DEPT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 94 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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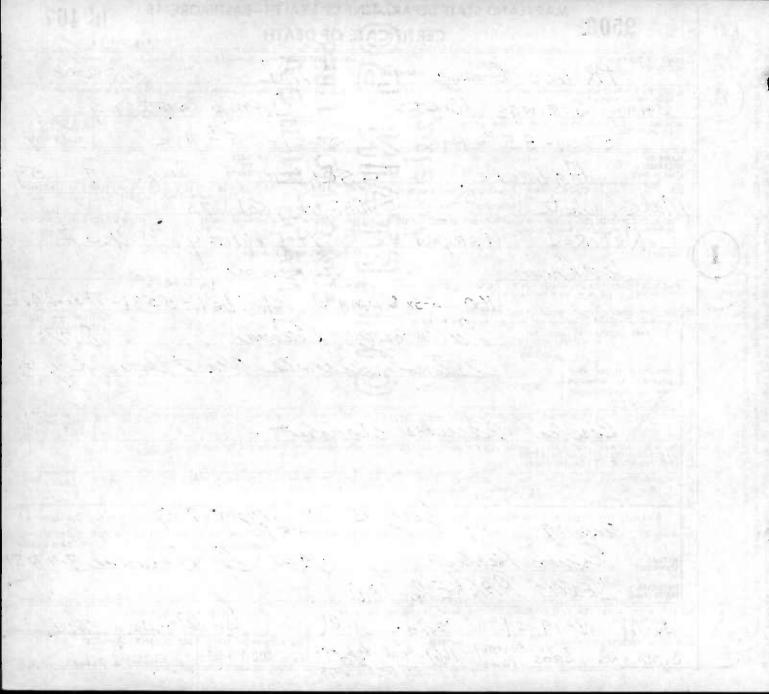
Reg. Dist. No

	n. PLACE OF DEATH o. COUNTY Prince George's MARYLAND			o. STATE Ma.		ased lived. If institu b. COUNT		refore admission)		
b. CI	TY OR TOWN III	autside corporate limits, writ		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
0	nd give nearest town; C?	everly		D.O.A.	1	Baltimore 03x-2				
y d. N/	AME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADE	PRESS			e. IS RESIDENCE	
Pr	Prince George's General Hospital				944 Mas	efield Re	oad		YES NO NO	
	3. NAME OF DECEASED (Type or print) Albert George				Talbett	4. DATE OF DEATH	August	2200	Year 19 59	
5. SEX		6. COLOR OR RACE	7. MARRI	ED KK NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEA		
M	ale	White	WIDOWE	D DIVORCED	January 5t	h, 1935	24 yrs.	Months Days	Hours Min.	
10e. US	UAL OCCUPATIO	ON (Give kind of work g life, even if retired)	dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?	
Gorin	Printer	g me, even n remes,	Cor	mposition Co.	Balti	more, Md		- 07	USA	
13. FAT	HER'S NAME				14. MOTHER'S MA					
Alb	ert Dar	ius Talbot	t		Myra Est	elle Emi	nizer			
	S DECEASED EV	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	To	None		Unknown C	arol C. Ta	lbott, 9	44 Masefe	ild Rd.E	Baltimore, M	
CATION (o)	8 1 G X inditions, if or verise to immed, storing the use last. PART II, OTH	DUE TO (b) (iote cause) underlying DUE TO (c) DUE TO	Avuls fract of ri	ed jaw, fracture of both tight ankle. ONTRIBUTING TO DEATH BUT	re of bas bias near	the kne	e and frac	eral eture	19. WAS AUTOPSY PERFORMED?	
	EXTERNAL CAL MARY-ES or CON USE OF DEATH.	STRIBUTING []	Occup	ant of an auto	mobile th	at was i	n a head-	on colli	sion.	
2	TIME OF INJUI	8/22/ 15	9 20d. While		ACE OF INJURY (Homeony, street, office blooms, street, office blooms	ig., etc.)	ly or town) Shellville	(County) B PG	(Stote) Md.	
21	. I certify th	at I taok charge	of the	remains described abo	ove, held on A	utapsy 🔲,	Inspection [7],	Inquiry 🛚	, and in my	
ор	inion death	resulted from:	Vatural	causes . Accident	X, Suicide [], Homicid	e 🔲, Undete	rmined mann	ner 🗌	
SIG	AMINER'S	oure James I	V 9	of Boyd	ASSISTANT	ICAL EXAMINER [MEDICAL EXAMIN DICAL EXAMINER	ER 🗌		DATE SIGNED 8/22/59	
220. BU	RIAL CREMATIO	N. 226. DATE THERE		22c. NAME OF CEMETERY OF			ATION (City, town,		(Stote)	
RE/	MOVAL (Specify)	Aug. 26	/59	Cedar Hill			Co.Md.		(3.3.4)	
23 FUN	ZKO Fu		recto	ADDRESS		o. REC'D BY REGIS	STRAR 246. REGIS	STRAR'S SIGNATI		

4 should be forward to FUNERAL DIRECTOR: 0 VS. A15ME 5M 2/57

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ples execute the certificate litting the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Pages to any other Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill a Probe and DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Head or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ple execute the certificate orthing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral directar. P. 4 should be forward on the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your fill TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hear its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9507 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	//							Keg. Di	31. 140.	
1. PLACE OF DEATH		orres			2. USUAL RESIDENCE (Where decease				
	- Lune Pour	1	MARY	YLAND	Maryl		B. COUNT	Princ	e Geer	ge's
b. CITY OR TOWN	(lPautside corporate limits, write	· BURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corpo	prote limits, write	RURAL ond	give neorest	lown)
	prings		Dead on a	urrive	1 Resaryvi					
d. NAME OF HOS	PITAL OR INSTITUTION (If not in hos			d. STREET ADDRESS	-1				RESIDENCE
Andrews	Airforce He	spita	1		Resary	ille Re	ad			NO TO
3. NAME OF DECEASED (Type or print)	Rebecca	si	Middle	Tayı	lost	4. DATE OF DEATH	Month Augu		Doy 15 ,	Yeor 19 59
5. SEX Fema.le	6. COLOR OR RACE White	7. MARRIE	DIVORCED		April 3,		9. AGE (In years last birthday) 3 yrs.	HUNDER 1	YEAR IF UN	NDER 24 HRS
100. USUAL OCCUPA during most of wor None	TION (Give kind of work riking life, even if retired)	done 10b. K	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole Washingt		untry)		I S.	AT COUNTRY
13. FATHER'S NAME	rock Tayman			1.	Mattie Ly					
5. WAS DECEASED	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO			A 44			
No. or unknown)	{If yes, give wor or dates at		None		brook Tayms	n, sam	as #	2		
	EATH [Enter only one cou	se per line	for (o), (b), ond (c).]						INTERVAL DIT	WEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	He	merrhage a	nd sh	ook				OWZEL WHO	DEATH
812X	DUE TO									
Conditions, if		ъ.	ptured Li	waw a	nd Subdural	Hamer	rhaga			
gove rise to im	mediate cause	- KI	ibent.og mi	191 a	He bustulas	L 1101M01			-	
(o), stoting the	Underlying								- 10	
) (c). OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	H BUT NOT	DELATED TO THE TERM	INIAI DICEACE	CONDITION OF	FALLEL B. ST		
PART II. C	THE SIGNATURE CON		ATRIBUTINO TO DEAT	11 801 1401	KLLAILD TO THE TERM	IINAL DIDEASE	CONDITION GIV	EN IN PART	1(0) 19. WA	FORMED?
2	241165 14146								YES	NO
PRIMARY TO OF C	ONTRIBUTING	b. DESCRIBE	HOW INJURY OCCUR	RRED. (Ente	r noture of injury in Par	rt I or Port II o	f item 18.)			
		Pode	estrian str	uck b	y an a uter	nobile				
20c. TIME OF IN			NJURY OCCURRED 20	Oe. PLACE	OF INJURY (Home, forn street, office bldg., etc.			(Coun	ity)	(Stote)
6:37 p.	m. 8/15 19	59 While	rk of work	Road		Res	aryville	P. (G.	Md.
21. I certify	that I took charge			d above	held on Autons	v X Ins	nection 1	Inquiry	1 0	ind in my
	h resulted from: 1						- manual	, ,	- Land	nd in my
	1 resoned from: 7	1010101	Cit	dem E-1,	Suicide,	nomiciae [, Underei	mined m	onner	
ACTUAL	anne	N	H So	1	D. CHIEF MEDICAL EX	XAMINER [DATE	SIGNED
EXAMINER'S	7			0.	ASSISTANT MEDIC	AL EXAMINER			2050	
NAME (Type)	James I. Be	yd		The bar	DEPUTY MEDICAL	EXAMINER	Augus	st 16,	1959	
220. BURIAL, CREMA	TION. 22b. DATE THEREO		22c. NAME OF CEMETE	ERY OR CR	MATORY /	228. LOCATIO	ON (City, tofin, o	county)	1510	ole)
Buska	Vacay 18	27	car	Hel	1 ameser	11 Su	iller	1,	200.	
23 FUNERAL DIRECT	- 1/		ADDRESS	,		BY REGISTRA		TRAR'S SIGN		
V	1 2	111	1 -0 154	ma a B	10 = AII	c 1 8 '59	Cal	my 8 %	Laus	

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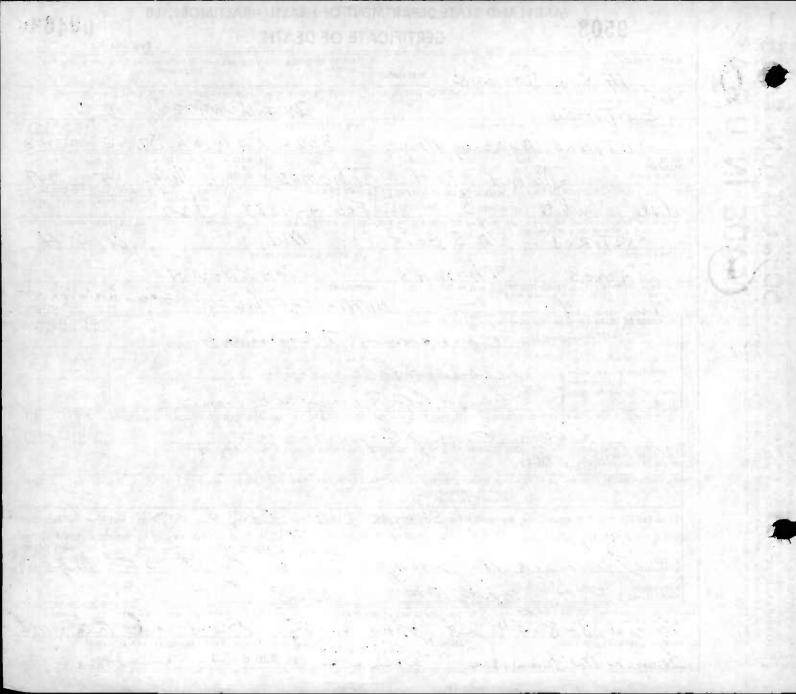
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Cottan & trava

9508	CERTIFIC	ATE OF DEATI	H Reg. Di	()9469
1. PLACE OF DEATH O. COUNTY PRINCE GOR	a e MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: Resider b. COUNTY	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION OR INSTITUTION OUT TANA NARS	ing Home	d. STREET ADDRESS	Raleigh ST.S	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Thomas	4. DATE OF Month OF DEATH	Day Year
s. sex 6. color or race 7. marr widowe	DIVORCED	B. DATE OF BIRTH Feb. 4-18	9. AGE (In years last birthday) Months 72 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND 4. S. GovT	USTRY 11. BIRTHPLACE (State	or foreign country) 12.CIT	ZEN OF WHAT COUNTRY?
JAMES T	homas	14. MOTHER'S MAIDEN	NKNOW N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	ATTIE B.	Themas 336-	RAleigh ST
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	~ This	ments	INTERVAL BETWEEN ONSET AND DEATH
Conditions if gay which	181.00	0		
gave rise to immediate cause (a), stating the under-lying cause last.	n ar	tenne	lunai	
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
Haur a.m. While		LACE OF INJURY (Hame, farm actory, street, office bldg., etc		County) (State)
21. I certify that I attended the decease	7		1957, that I lo	
ACTUAL SIGNATURE SUCCESSION ACTUAL SIGNATURE	I Galass		M, from the causes and an the ADDRESS (Sizeet, city or town, state)	DATE SIGNED
PHYSICIAN'S F. H. York	KOF H	3223	0 ST SE	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-8-59	22c. MAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or county)	(State) A. Ga. M. 9
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 24b. REGISTRAR'S SIG	

TO HOSPITAL OR VS A1S (4) 1SM 9/SB

PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

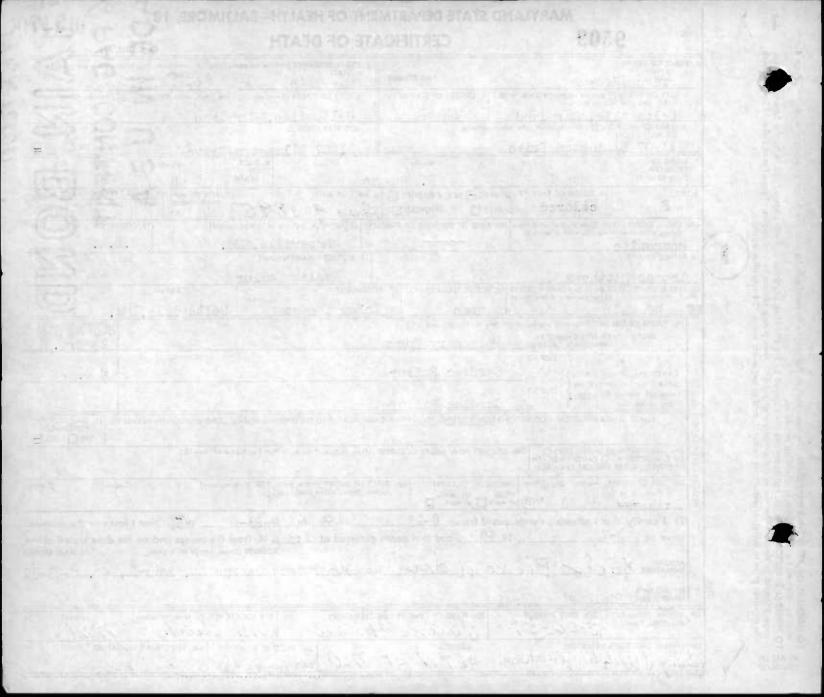


Page 4

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9509		CERTIFICA	ATE OF DEA	TH	Res	g, Dist. No.	11041
	1. PLACE OF DEATH o. COUNTY Prince George		MARYLAND	2. USUAL RESIDENCE o. STATE		ed. If institution: Re b. COUNTY	esidence befor	re admission)
1	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	Prince limits, write RURAL	ond give nea	rest tawn)
-	Beltsville, Marylan d. NAME OF HOSPITAL (If not in hospital, gi- OR INSTITUTION	d ve street	64 years	X Beltsvil	le, Maryl	and		e, IS RESIDENCE ON A FARM?
	11907 Ellington Dri			11907 EI	lington D	ri.ve		YES NO
	3. NAME OF First DECEASED (Type or print) Maggie	7	Middle	Lost	4. DATE OF DEATH	Month	Do	
-	MICEBLO	7	E. Thom	B. DATE OF BIRTH		AGE (In years IF U	NDER LYEAR	19 50 IF UNDER 24 HRS.
	F dolored	WIDOWE	D DIVORCED	Aug 9 1	1001	ost birthday) Moi		Hours Min.
	 USUAL OCCUPATION (Give kind of work diduring most of working life, even if retired) 	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	state or loreign count	ry) 1	2. CITIZEN O	F WHAT COUNTRY
Y	housewife		-	Rossv	ille, Md.	10000	U.S.A	•
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
1	Thomas Matthews			Amelia	Taller			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	NFORMANT		Address		
	(Yes, no. or unknown) (If yes, give war or dates of ser	vice}	none	LeRoy Thoma	s R	eltsville	216	
-	18. CAUSE OF DEATH [Enter only one cau	se per lir		2010) Inonio		OT CONTINUE		RVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:		ılmonary Edema					ET AND DEATH
	IMMEDIATE CAUSE (o)	. 1	tamorrary mucha				5	nrs.
	Conditions, if ony, which)	C	ardiac Failure				-	
1	gove rise to immediate	- 00	ridiac lalidie				- 5	years
	couse (o), stating the <u>under-</u> lying couse lost. DUE TO (c).	Ca	ardiac Failure					
	PART II. OTHER SIGNIFICANT COND 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CO	ONDITION GIVEN IN	V PART 1(0) 1	P WAS AUTOPSY PERFORMED? YES NO
		20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury	y in Port I or Port II o	ol item 1B.)		
	20c. TIME OF INJURY Month, Doy, Year Hour a.m.	While	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City or , etc.)	town)	(County)	(Stote)
	21. I certify that I attended the	decease	ed fram 8-23	. 19 59 . ta	8-23-	1950 the	at I last so	w the clacenses
1	alive an 8-23	19		occurred at 1:	35a M from th	se course and	an the dat	a stated above
1	^	,	, (. 00001100 0102203,		, city or town, state)		DATE SIGNED
	ACTUAL SIGNATURE Ydolg Pi	ore	andrer	м.о. 305 Ргі				1-8-23-59
/	PHYSICIAN'S NAME (Type) Idolo Pierano	irei			a dian dan man man merimbahan pengan mengan pengan			
	220 BURIAL, CREMATION, 226. DATE THEREOF	-9	22c. NAME OF CEMETERY C	R CREMATORY	Suc	(City, town, or cou	unty)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	San.	ADDRESS 467 N SI		REC'D BY REGISTRAR	24b. REGISTRAR	R'S SIGNATUR	E
E	* / · · · · · · · · · · · · · · · · · ·			John	WH 7 2 23	- Clarin	The state of	M



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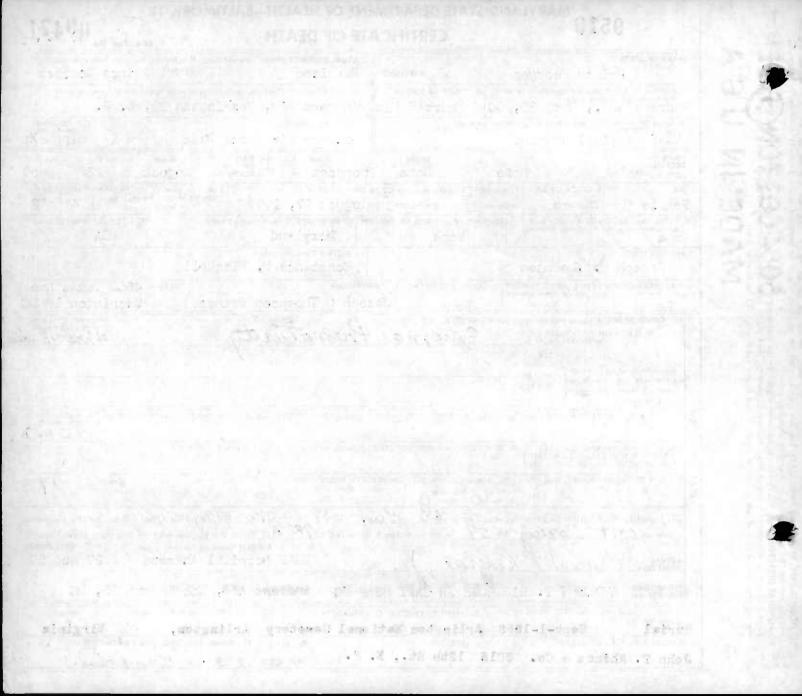
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09471

						keg.	. DIST. 140.	
1. PLACE OF DEATH o. COUNTY Pr	ince George	S MARYLA		Tand	ere deceased live	d. If institution: Res b. COUNTY Pr	ince	re admission) Georges
b. CITY OR TOWN (I RURAL and give ne Andrews AF	foutside corporate limit grest town) B., Wash 25	, write c. LENGTH OF STAY IN	Min XAnd			gton 25,		rest town)
d. NAME OF HOSPIT OR INSTITUTION USAF HOSP	AL (If not in hospital, g ital Andrew	ive street address)		reet address rews Air	Force B	ase		e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print)	Fire	Middle None	Thomp	Lost SON	4. DATE OF DEATH	Month August	Do 27	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		st 27, 1	lo	GE (In years IF UN st birthdoy) Mont		Hours Min
10a. USUAL OCCUPATION during most of work NONE	DN (Give kind of wark of ing life, even if retired)	done 10b. KIND OF BUSINESS OR None		Maryland		12.	CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME Joseph	O. Thompsor	1		THER'S MAIDEN N		ell	PAL.	
	R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	Joseph	O Thomps	on Fathe			exas Ave ton 19 DC
Conditions, if o gove rise to i couse (o), stating lying cause lost. PART II. OTH	the under-		<u>'H</u> 8UT NOT RELA	TED TO THE TERMI	INAL DISEASE COI	NDITION GIVEN IN	PART I(a) 1	9. WAS AUTOPSY PERFORMED? YES NO X
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED 2		ature of injury in I			(County)	(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While Not while at work at wark	factory, street	t, office bldg., etc.			(Coomy)	(5.2.5)
ACTUAL SIGNATURE 7 PHYSICIAN'S NAME (Type)	incent P. I	RINGROSE JR CAPT	M.D	USAF Andre	M, from the ADDRESS (Street, Hospital	Leg 1959, that causes and an city or town, stote) Andrews Washingto	the date 2° on 25,	e stated abave. DATE SIGNED Aug 59 DC
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	Sept-1-1					(City, town, or cour		(State)
23. FUNERAL DIRECTOR		ADDRESS	M 10	24a. REC'	D BY REGISTRAR	24b. REGISTRAR	S SIGNATU	RE
John T. Rh	ines & Co.	3015 12th St.	, N. E.	DATE OF	ED 2 159	0.11	04	

2050264XVI

VS A1S (4) 15M 9/S8



within death FUNERAL DIRECTOR prior ploods 3 0

VS A15 (4) 15M 9/58

ACTUAL

SIGNATURE

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Dr.W.F. Weintraub

22b. DATE THEREOF

229 NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, or county) (State) 24b. RÉGISTRAR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR DATE AUG 1 4 '59 Certhur & Krous

e. IS RESIDENCE

Day

Days

(Caunty)

10

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

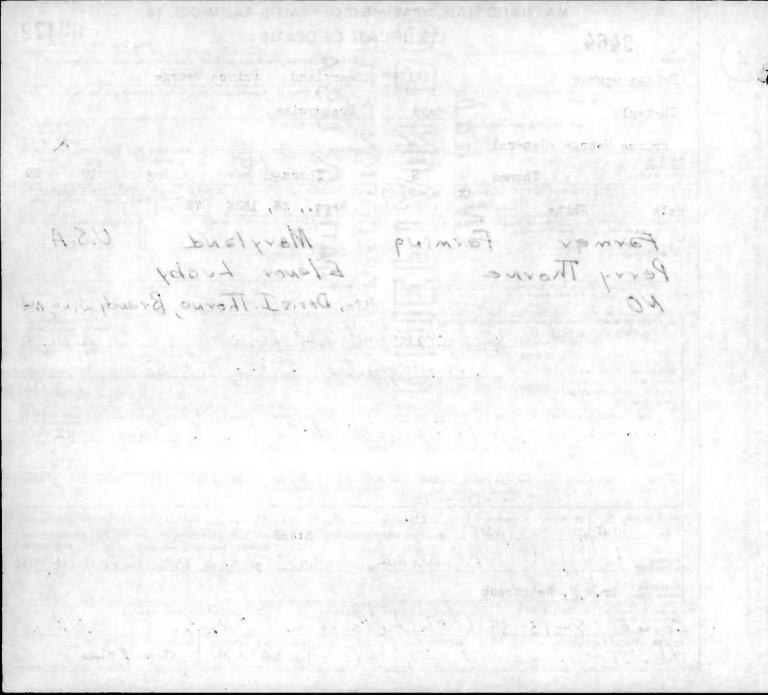
ONSET AND DEATH

PERFORMED? YES INO

(State)

ON A FARM? YES NO

Year



FOR STATE HEALTH DEPT

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleat execute the certification into the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Place should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fix TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hedli or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No.

	weg. visi. ivo.
1. PLACE OF DEATH o. COUNTY Prince George's: Marye	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTPrince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cheverly Cheverly Cheverly	IN 1b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress Prince George's General Hospital	d. STREET ADDRESS 7800 Walker Mille Read e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF DECEASED (Type or print) JEAN ELIZABETH	TOOTHMAN Jean August 22nd, 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED 🖾 NEVER MARRIED Female White widowed Divorced [lost birthday) Months Days Hours Min
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife At home	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Washington, D.C. USA
13. FATHER'S NAME Zadoc M. Brady	14. MOTHER'S MAIDEN NAME Alice Sherter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, er unknown] None (If yes, give war or dotes of service) None None	Maurice S. Brady, # 1 Hellindale Drive, Alex. Va.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (b). DUE TO Couse lost.	Carbon monofed Sorsonin
ICATION	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO REPORT NO NOTICE OF INJURY 19 Part 1 of 1 tem 18.)
PRIMARY Of or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	Oe. PLACE OF INJURY (Home, form, 20f. (Cily or lown) (County) (Slote) foclory, street, office bldg., etc.) Charles home Cobland PL, new
opinion dearth resulted from: Notural causes , Accid	
PAMINER'S James I. Boyd 220. BURIAL CREMATION, REMOVAL (Specify) Burial Aug. 25.1959 Epiphany	Horactwill Manuland
23. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	Ve., SE. DO 3 AME 2 A '59 CILLING & KLARA

DEES MEDICAL EXAMINER'S CERTIFICATE OF DEATH

work of the second south A. C. S. San S S to E No to Tarrey Street See Shall Talk and China and Starting and the Product Rithan College and market management, as you start and

Poge 4	ector,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be real with the realistrat prior to burial, cremation, or removal, and in any event within 72 hadrs after death.		
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haurs ofte	in by the	and 2 sho	01	16
ithin 24 !	ely filled	Pages 1		
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vires that	aned by t	in any ev		ì
low requ	ysician.	I-transit g		(
AN: The	ending pl	the burio		
PHYSICI	this certif	r use as		
ENDING	h spii	ached fo		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page	may be retained by the spital or attending physician. TO FUNERAL DIRECTOR er this certificate has been signed by the attending physician and completely filled in by the funeral actor,	ld be det		
OSPITAL	NERAL	e 3 shou		
10 H	TO FU	pod		

3. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S.										g		
b. CITY OR TOWN (If outside corporole limits, write RURAL and give riterest town) RURAL and give incorrect town RURAL and give recorrect town A NAME OF DISTRAL (If no in hospital, give street address) OR INSTRUCTION I NAME OF DISTRAL (If no in hospital, give street address) OR INSTRUCTION I NAME OF DISTRAL (If no in hospital, give street address) OR INSTRUCTION I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF DISTRAL (If no in hospital, give street address) I NAME OF COUNTY (If no in hospital, give street address) I NAME OF GIVE ADDRESS (If no in hospital, give street address) I NAME OF GIVE ADDRESS (If no in hospital, give street address) I NAME OF GIVE ADDRESS (If no in hospital, give street address) I NAME OF GIVE ADDRESS (If no in hospital, give street, address) I NAME OF GIVE ADDRESS (If no in hospital, give street, address) I NAME OF GIVE ADDRESS (If no in hospital, give street, address) I NAME OF GIVE ADDRESS (If no in hospital, give street, address) I NAME OF GIVE ADDRESS (If no in hospital,	1. PLACE OF DE) ,	Gen	MAI	RYLAND	2. USUAL RESI	DENCE (WI	here deceased lived				
REAL and give necess town ANAME OF HOSFITAL (If not in hospidal, give street address) A. NAME OF HOSFITAL (If not in hospidal, give street address) A. NAME OF HOSFITAL (If not in hospidal, give street address) A. NAME OF MOSFITAL (If not in hospidal, give street,	b. CITY OR TO	DWN (If outside corpo			Y IN 1b	c. CITY OR	OWN (IF	outside corporate li	mits, write RUI			
d. NAME OF HOSPITAL (If not in hospital) give street address) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital) give street address) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF DECEMBER (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address) 3. NAME OF HOSPITAL (If not in hospital) give street address (If you have been given by the property of	RURAL ond		1 -		Marie I	25		-> 1	4	1		
OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 10. NEVER MARRIED 10. NEVER MARRIED 10. NEVER MARRIED 10. NATE OF BIRTH 10. USUAL OCCUPATION (Give kind of work done) 10. USUAL OCCUPATION (Give kind of work done) 10. USUAL OCCUPATION (Give kind of work done) 10. WINDOWED 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 11. WAS DECEASED EVER IN U. S. RABLED PROCES? 11. MOTHER'S MAME 11. MOTHER'S MAME 11. MOTHER'S MAME 11. MOTHER'S MAME 11. CAUSE OF DEATH 12. CHIZEN OF WHAT COUNTRY 13. WAS DECEASED EVER IN U. S. RABLED PROCESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 19. WAS LANDER 19. WAS LONDER 19	d. NAME OF			reet address)		d STREET A	DDRESS	ICIVE	- rea	16	e IS RES	SIDENCE
3. NAME OF DECEASED DECEASED (Typo or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 103. USAL OCCUPATION (Give kind of work) WINDOWED DIVORCED 110. SIZUAL OCCUPATION (Give kind of work) WINDOWED DIVORCED 111. FATHER'S NAME 112. CAUSE OF DEATH 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASEDEVER IN U. S. ARMED PORCESS 116. SOCIAL SECURITY NO. 117. INFORMANT 118. CAUSE OF DEATH 118. CAUSE OF DEATH 119. WAS CAUSED 119. PART I. DEATH WAS CAUSED 119. PART I. DEATH WAS CAUSED 119. OUE TO Conditions, if only, which gove rise to immediate cous (e), sloting the under USA DECEASEDEVER IS INC. STAND DEATH 119. WAS AUTOP PERFORMED 120. ACCIDENT WAS UNDERLYING 121. DEATH WAS UNDERLYING 122. CITIZEN OF WHAT COUN (E) WINDOWS D 123. DESCRIBE HOW INJURY OCCURRED. (E) 202. ACCIDENT WAS UNDERLYING 203. ACCIDENT WAS UNDERLYING 204. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (E) 206. ACCIDENT WAS UNDERLYING 207. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) 208. ACCIDENT WAS UNDERLYING 209. Time OF INJURY Month, Day, Year 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) 209. Time OF INJURY Month, Day, Year 209. ACCIDENT WAS UNDERLYING 209. ACCIDENT WAS	OR INSTITU	ITION LE C	W bu	1 ()	Hoze	1	20	57	15 6	tve,	ONA	A FARM?
19 19 19 19 19 19 19 19			First		lle	los		4. DATE	Manth		Day	Year
100. USUAL OCCUPATION (Give kind of work done) 101. SUAL OCCUPATION (Give kind of work done) 102. SUAL OCCUPATION (Give kind of work done) 103. FATHER'S NAME 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT 116. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] 118. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] 119. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOP PERFORMED. (c) [10. co.] ACCIDENT WEDICAL EXAMINER] 120. ACCIDENT WAS INDERTIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOP PERFORMED. (c) [10. co.] ACCIDENT WEDICAL EXAMINER] 121. CENTER'S MAIDEN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOP PERFORMED. (c) [10. co.] ACCIDENT WEDICAL EXAMINER] 122. L. CERTIFY that I attended the deceased from [10. co.] ACCIDENT WEDICAL EXAMINER] 123. THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOP PERFORMED. (c) [10. co.] ACCIDENT WEDICAL EXAMINER) 124. L. CERTIFY THAT I attended the deceased from [10. co.] ACCIDENT WEDICAL EXAMINER] 125. CITIZEN OF WHAT COUNTY MONEY. Address of the part of th	(Type or print)		ober	+ 50	30 P	b Tr	051	DEATH		ust	19	195
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if reflered) 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. I7. INFORMANT Address (Pistone or white most in the life of log. (g), (b), and (g), give rise work educe in the log. (g), (b), and (g), give rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (b), and (g), gove rise to immediate log. (g), (e), and (g), gove rise to immediate log. (g), and the log. (g), (e), and (g), gove rise to immediate log. (g), (g), gove rise log. (g), go	5. SEX	6. COLOR O	R RACE 7. A	AARRIED NEVER MAR	RIED	B. DATE OF BIRTI		01				
during most of working life, even if relired) 13. FATHER'S NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSE OS 87: IMMEDIATE CAUSE (o) PART 11. OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOF PERFORMED TYS. IN OO CONTRIBUTIONS CONTRIBUTI	VY	h	M WID	OWED DIVOR	CED 🔲	ŧ,	-25	.58		8	Hours	min.
13. FATHER'S NAME A THE LAND DECRASED EVER IN U. S. ARMED FORCES? 15. WAS DECRASED EVER IN U. S. ARMED FORCES? [194, no. or unknown] [19, ya, yar wor or does of services] 16. SOCIAL SECURITY NO. 17. INFORMANT Address PART 1. DEATH WAS CAUSED BY: [194, no. or unknown] [19, ya, yar wor or does of services] [194, no. or unknown] [195, yar wor or does of services] [195, yar wor or does of services] [195, yar yar wor or does of services] [196, yar yar wor or does of services] [197, yar wor or does of services] [197, yar wor or does of services] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] [198, CAUSE OF DEATH [Enter only one course per line for (o), (c), one (o) line per line for (o), (c), one (o), one (o), (c), one (o), o				106. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. Year on without 19 year, give were acides of survice) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF ONSET AND DEATH ONSET AND DE	· ·	or working me, even i	i leilled)			TA La Land	M	4		1 7	. 5.	A.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (S. SOCIAL SECURITY NO. 17. INFORMANT If you give use or dotte of service) 16. SOCIAL SECURITY NO. 17. INFORMANT If you give use or dotte of service) 16. SOCIAL SECURITY NO. 17. INFORMANT If you give use or dotte of service of social security NO. 17. INFORMANT RAT 1. DEATH WAS CAUSED BY:	13. FATHER'S NA	ME				14. MOTHER'S	MAIDEN N	NAME	^			
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18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:				16. SOCIAL SECURITY N	10. 17. 1	NFORMANT	, , 0		Addre	LCV	Len	
PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	[Yes, no. or unknown	(If yes, give wor or	dates of service)			Ho	SPI	tal	Rec	ord		
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	23. FUNERAL DIF	ECTOR'S SIGNATURE			C-400	y			24b. REGIST	RAR'S SIGNA	10	
F. Gasch's Sons Hyattsville Md. DATE AUG 21 '59 Oribus & Trans	F. Gas	ch's Sons	Hyat	tsville Md			DATE	AUG 21 '59	a	rimma S.	Timus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9467 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George Prince George Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Pe RURAL and give nearest town) shauld Cheverly

d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION 27 Davs Geder Heights d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TH Prince George General Hospital 1120 65th Ave. NAME OF 4. DATE Year Month filled DECEASED (Type or print) DEATH 19 59 Elizabeth IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In Years last birthday) 5. SEX 7. MARRIED NEVER MARRIED Months Days campleti papers. DIVORCED | 9-5-90 Female 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)

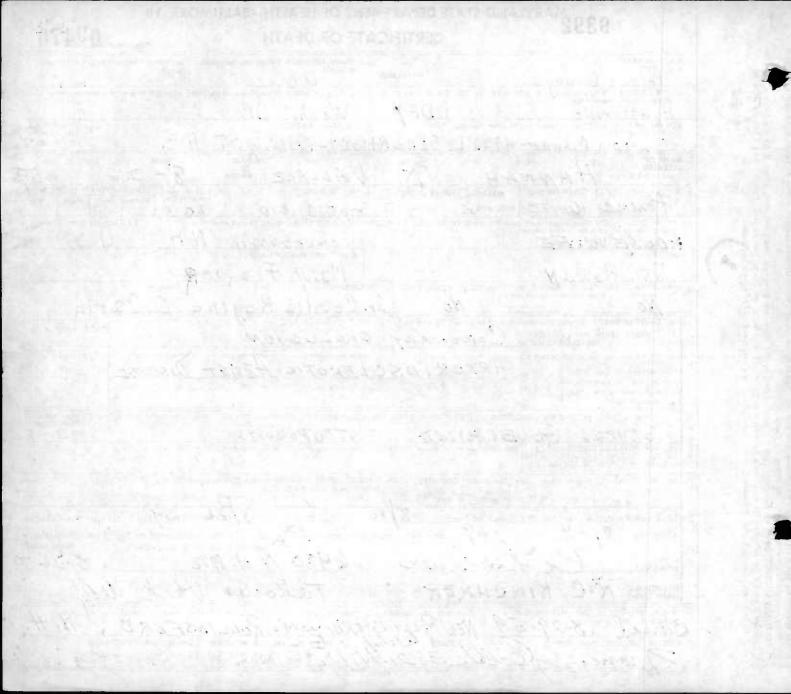
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Madison Co., Va. pup Maid White House carbon 13. FATHER'S NAME G physicic Lula Jentons Thornton Lambert remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending Mrs. Mary Lewis 6405 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH recenony PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which permit gued gave rise to immediate DUE TO couse (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame; form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Nat while of work of work 21. I certify that I attended the deceased fram. 7-29-, 19.59, ta.8-24, 19.59, that I last saw the deceased and that death occurred at 8:15A.M. from the causes and an the date stated above alive on_ ADDRESS (Street, city_or Jown, state) ACTUAL FUNERAL DIRECT priar shauld PHYSICIAN'S Dr. William R. Greco M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page Burial (Specify) Suitland Lincoln Memorial Maryland 8-29-59 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE itaneral Hone \$ 3 39 Henry DATE AUG 3 1 '59 VS A15 (4) ariling & House 15M 9/5B

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND FIDCE b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO NAME OF DATE Year filled and DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Haurs WIDOWED DO DIVORCED | yrs. paper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Cam 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dusing most of working life, even if retired) HOUSEWIFE puo carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician certificate remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address If yes, give war or dates of service) Bu attendi 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN d ONSET AND DEATH PART I. DEATH WAS CAUSED BY OPONA-12Y IMMEDIATE CAUSE (o) DUE TO OSCIEROTIC HEART Conditions, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) MEDI Hour o. m. While Not while 19 at wark ot wark pital 21. I certify that attended the deceased fram That I last saw the deceased alive on that death accurred at M, from the causes and an the date stated above. roy be retained by the FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city ar tawn, state) ACTUAL Pri 3 should PHYSICIAN'S RCHNEN NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d_LOCATION (City, town, ar county) 22c/NAME OF CEMETERY OR CREMATORY pode REMOVAL (Spec 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A1S (4) Orthur & Kines 1SM 9/SB

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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M	1. PLACE OF DEATH
	b. CITY OR TOWN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 19477

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b.	CITY OR TOWN	Ilf outside corporate limit			ENGTH OF STAY		c. CITY OR TOWN						
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d.	NAME OF HOSP	ITAL OR INSTITUTIO	N (If no				d. STREET ADDRES		77-5-			e. IS RES	SIDENCE
		George's	s Ge	enera.	l Hospi	ital	/4904	R S	treet			-	PARM?
-DE	AME OF CEASED (pe or print)	Bry	Fint	Ea	Middle astman	V	lost lard	4. DATE OF DEATE		onih gust	Doy	Ye	
5. SE)	(6. COLOR OR RA	ACE 7.	MARRIED -	NEVER MARRIE	D 8. C	ATE OF BIRTH		9. AGE (In year	IFUND	ER TYEAR		R 24 HRS.
IV	Tale	White	e w	IDOWED 🔲	DIVORCED		pril l'	7. 19:	lost birthdoy) 48 y	rs. Months	Days	Hours	Min.
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	George	E. Ward	3					phine	McMur	reur			
15. W	AS DECEASED E	VER IN U. S. ARMED	FORCE	S? 16. SOCI/	AL SECURITY NO	. 17. INF	DRMANT	PITTIC	Addr				
	o, or unknown)	[If yes, give war or day	les of servi		-03-556	De Do	nald Ro	ss Wai			as #	2	566
11	8. CAUSE OF DE	ATH [Enter only one	cause p	per line for (o), (b), and (c).]							VAL BETWEE	
	PART I. DE	ATH WAS CAUSED E	Y ₁ F (a)	Con	ronary	occ]	ussion				01436	I AND DEAT	п
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ATION	PART II. O	THER SIGNIFICANT	CONDITI	ONS CONTRIE	BUTING TO DEAT	H BUT NO	RELATED TO THE TE	RMINAL DISEA	ASE CONDITION	GIVEN IN PA		P. WAS A PERFOR	UTOPSY MED? NOTE
E PI	OG. EXTERNAL CARIMARY OF CO	ONTRIBUTING	20b. D	DESCRIBE HOV	V INJURY OCCU	RRED. (Enle	r nature of injury in	Part I or Part	II of item 18.)	1.8			
MEDICAL	Oc. TIME OF INJ Hour o. m p. m		, Year	20d. INJUR While at work	Not white	Oe. PLACE foctory	OF INJURY (Home, f , street, office bldg.,	orm, 20f. (Ci	ity or town)	(0	County)		(State)
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5	ACTUAL GRATURE	Jam	en	124	Bo	40	D. CHIEF MEDICAL					DATE SI	GNED
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09478 Reg. Dist. No

CERTIFICATE OF DEATH

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PRINCE GEORGES MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md (DISTRICT OF COLUMBIA)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	
RURAL ond give nearest town) CAMP SPRINGS 8 HOURS	X WASHINGTON
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS ST. 6. IS RESIDENCE ON A FARM? YES \(\sum NO \(\overline{\overlin
USAF HOSPITAL ANDREWS AAFB WASH25 DC NAME OF First Middle) That (Direction In the Control of
DECEASED (Type or print) PAULINE H	WEAVER 4. DATE Month Day Year OF DEATH AUGUST 26 19 59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
FEMALE CAU WIDOWED DIVORCED	
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
GOVERNMENT EMPLOYEE US GOVERNMENT 3. FATHER'S NAME	HOBBTOWN, ARKANSAS USA
BROSE HOBBS S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	BUENA MILLER INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	
	ROY E WEAVER (HUSBAND) SEE SECTION 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) . (State) foctory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 at work at work at work	
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alive an AUGUST 26 , 19-59 , and that dec	ath accurred at4:40AM, fram the causes and an the date stated abave
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SIGNATURE SENT TO SERVICE	M.D. USAF HOSP ANDREWS AAFB WASH 25 DC 26 AUG
PHYSICIAN'S PAUL H JACOBS CAPT USAF MC US	SAF HOSPITAL ANDREWS ANDREWS AFB WASH 25 DC
120. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER TOUR I ALL SPECIFY SEPT. 1, 1959 FORT SMITH	
3. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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K	VASH., O.C.

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law requires that the death certificate

TO HOSPITAL OR ATTER NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after desain. 36 4 may be retained by the spitol ar attending physician.

TO FUNERAL DIRECTOR: A set this certificate has been signed by a stending physician and completely filled in by the funeral poge 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed-with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

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Item 7 FilmG247 8-31-59 et CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Prince George Maryland George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cheverly Brentwood d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO D Prince George General Hospital 4408 41st St NAME OF 4. DATE First Middle Lost Manth Day Year DECEASED OF DEATH (Type or print) Aug.22 Agatha Willett .59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH Months WIDOWED | DIVORCED [74 yrs. Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) SA U Canada own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine E. Mears William T Allison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 41th St Julius Willett none Brentwood. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Anterio-sclerotic Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Dov. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (Stote) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased fram. 9 19 19 19 1 last saw the deceased ___, and that death accurred at 11:40 M from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S 3308 Perry St Mt Rainier Md CIC Hageage NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cedar Hill Cemetery 25, 1959 Suitland, Md. Aug 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR DATE AUG 2 6 '59 Gasch's Sons Hyattsville, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

119484 Reg. Dist. No.

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	_	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THE		22c. NAME OF CEME St. Pau			22d. LOCA	TION (City, tawn	ar caunty)	Md •	tate)
-D	-	FUNERAL DIRECTOR'S			ADDRESS			EC'D BY REGIS		ISTRAR'S SIC	SNATURE	

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TO HOSPITAL OR ATTENDIANG PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Tog may be retained by the spital ar otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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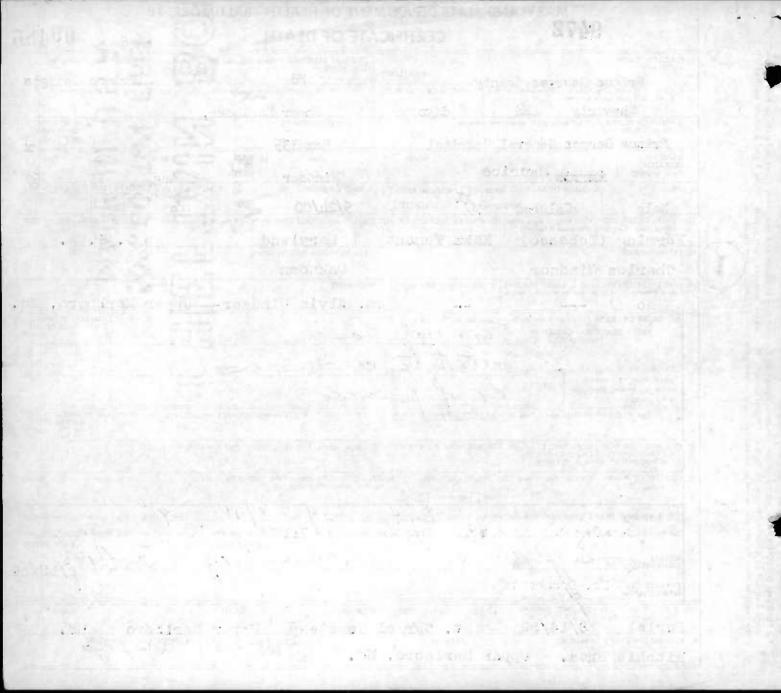
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9472 CEPTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 09486

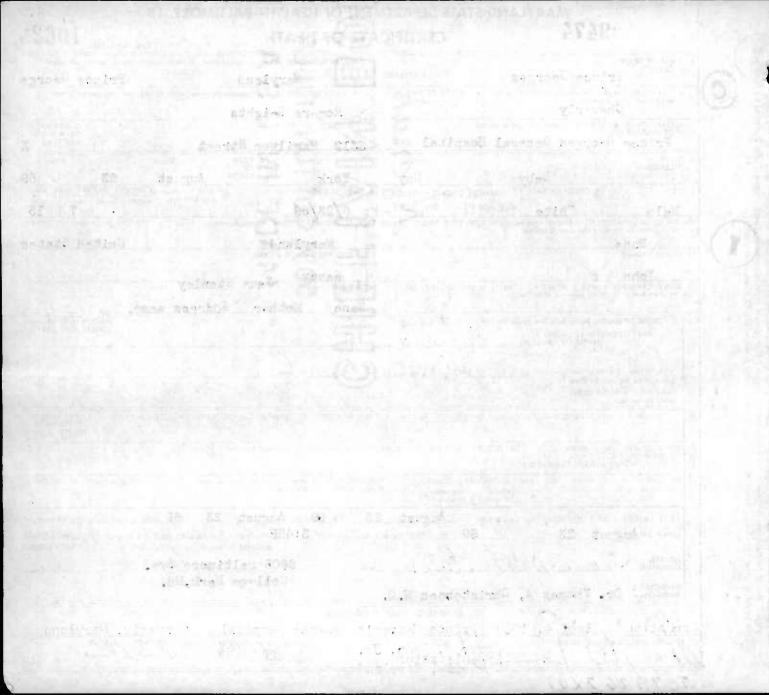
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220	BURIAL, CREMA		ATE THEREOF		22c. NAME OF CEMET	ERY OR	CREMATORY		22d, LOCA	TION (City, to	wn, o	r county)		(Stot	e)
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23.	FUNERAL DIRECT	OR'S SIGNATU			ADDRESS			92	D BY REGIST			TRAR'S SI	GNATUI	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9474 CERTIFICATE OF DEATH tor PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND Prince George Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town)
Cheverly pluods Rogers Heights d. NAME OF HOSPITAL (If not in hospitot, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince Georges General Hospital YES NO T 5312 Hamilton Street . 5 NAME OF 4. DATE Middle Month Day filled DECEASED (Type or print) Boy DEATH Baby York August 23 19 59 within IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED etely 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Min. 15 WIDOWED [DIVORCED T 23/59 Male executed campo 10a. USUAL OCCUPATION (Give kind af wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) United States puo Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 COL physicie John Nancy Jame Stanley Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' attending Address same Nanov Mother 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO p Conditions, if any, which E Bued gave rise to immediate per DUE TO cause (a), stating the underte has been sig pup lying cause last. physician CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 6 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate attendi the SO WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased from August 23, 19 59, to August 23, 159, that I last saw the deceased 59, and that death occurred at 5:45PM, from the causes and on the date stated above. alive on August OR ADDRESS (Street, city or town, state) FUNERAL DIRECTO ACTUAL 6905 Baltimore Ave. Cellege Park, Md. PHYSICIAN'S NAME (Type) Dr. Thomas A. Christensen M. D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page Cremation fince George's General Hospital Cheverly, Maryland 0 Dogess Penn, Jr. Winistrator THERAL DIRECTOR'S SIGNATUR 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 0 59 arthur & Kroud VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Prince George MARYLAND	Maryland Prince George
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Cheverly 9 Days	/6 Mt. Reinier
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
Prince George General Hospital	DECE MEMOUR SU
3. NAME OF DECEASED (Type or print) Elmer (Indoorge	Ziegler 4. DATE Month Day Yeor DEATH Aug. 22 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	Aug. 30, 1890 for birthdoy) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR IND	
Dring most of working life, star is retired)	- Con On to Range 11.9
3. FATHER'S NAME	14. MOTHER MAIDEN NAME
Pro 1 Pro 2 2.	1000: In
Navia Jail jugger	alle J. Morris
5, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address above
- none of	L. Alrhude Juglen
18. CAUSE OF DEATH [Enter only one couse per lige for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	a Dulman an Quelo la ONSET AND DEATH
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DUE TO OF	17 7 Of 1.0.16 ms - 100 - 70 c
Conditions, if ony, which gove rise to immediate (b)	aliples e conclusions
couse (o), stoting the under-	
lying couse lost. (c)	
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3	YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter noture of injury in Port I or Port II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour o.m. While Not while fc	foctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased from Aug. 13	19 59, to Clerg. 22, 19 59 that I last saw the deceased
	th accurred at 10A. M, fram the causes and an the date stated above
1 1 1	ADDRESS (Street, city or town, stote) DATE SIGNED
ACTUAL In 11 Che Tala	1721 E. M. Mer Wood: n. 8/23/1
SIGNATURE SOLLA CHEATHER	M.D. 1 26 GL A. D. J.
PHYSICIAN'S	
NAME (Type Dr. Saul Swhwartzback M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d tOCATION (City, town, or county) (State)
Gueral 8-25.59 Hersen	en a Colmas/Manor, Ma
D. FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS 3200	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
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